

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

**Fax** (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS no  | umber, enter it here         | 13a         |                    |          | _              |         |                                  |
|---|------------------------------|-------------|--------------------|----------|----------------|---------|----------------------------------|
| Company/Agency name   |                              |             |                    |          | Website        |         |                                  |
| Contact name. Primary applicant and co  | ntract manager               | (Area code  | ) Telephone number | r        | Email (require | ed)     |                                  |
| Contact name 2 (if applicable)  |                              | (Area code  | ) Telephone number | r        | Email (require | ed)     |                                  |
| Physical address of business (number an   | nd street)                   |             |                    |          |                |         |                                  |
| City  |                              |             |                    | State    |                |         | ZIP code                         |
| Mailing address of business (if different)  |                              |             |                    |          |                |         |                                  |
| City  |                              |             |                    | State    |                |         | ZIP code                         |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Numb | ber (TIN)   | Employer Identific | cation N | umber (EIN)    | WA U    | nified Business Identifier (UBI) |
| Answer the following Provide a detailed explanation you will use the vehicle and            |                              | siness acti | ivity (exactly w   | vhat y   | our busines    | ss or a | agency does and how              |
| Will you contact the owner for investigator, or to any other produced the information or so | persons or businesses        | s? Use thi  | s space to des     | scribe   | how you w      | vill co | ntact the owner or               |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

TODD M SOLBERG

12/05/17 SPOKANE COUNTY

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

#### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name |         | Email                        | (Area code) Phone number |
|---|--|--------------|---------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No |                              |                          |
| 2 | Legal business name  | Contact name |         | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | s 🗌 No  |                              |                          |
| 3 | Legal business name  | Contact name |         | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |         | Subscriber's permissible use | ,                        |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No |                              |                          |
| 4 | Legal business name  | Contact name |         | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No |                              |                          |
| 5 | Legal business name  | Contact name |         | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No |                              |                          |
| 6 | Legal business name  | Contact name |         | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | s 🗆 No  |                              |                          |
| 7 | Legal business name  | Contact name |         | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es No   | 1                            |                          |

**Use additional copies of this page**, **if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



4564-

ASSOCIATED CREDIT SERVICE, INCORPORATED ASSOCIATED CREDIT SERVICE, INC. 12815 E SPRAGUE AVE # 200 SPOKANE VALLEY WA 99216-0742

DETACH BEFORE POSTING



# **BUSINESS LICENSE**

Corporation

ASSOCIATED CREDIT SERVICE, INCORPORATED ASSOCIATED CREDIT SERVICE, INC. 12815 E SPRAGUE AVE # 200 SPOKANE VALLEY, WA 99216-0742

UNEMPLOYMENT INSURANCE - ACTIVE COLLECTION AGENCY - ACTIVE

Unified Business ID #: 600019846
Business ID #: 001
Location: 0001

Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:

SPOKANE VALLEY GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith



RPD-224-002 (R/6/17)WA Page 1 of 3

# Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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Fax (360) 570-7895

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| If you currently have a CPS nu  | mber, enter it here                                   |              | 13a  |                    |            |                       |
|---|---|--------------|--|--------------------|------------|-----------------------|
| Company/Agency name   | p Inc   | 20.0         |  | -Website           | - Groun    | (200                  |
| Contact name Primary applicant and contact name 2 (if applicable)   | act manager   | 206 9        | Telephone number 47 8505<br>Telephone number | dence              | rgraud (2) | concret, net          |
| Physical address of business (number and  | street)   | V 11012 0000 | receptione number                            | r Email (requ      | wed)       |                       |
| City    City   Company   City   City |   |              |  | State WA           | ZIP code   | 5045                  |
| 13720 460 E   | ST SE   |              |  | State              | ZIP code   |                       |
| these identifiers   | NCF<br>Taxpayer Identification Number                 | r (TIN)      | Employer Identific                           | ation Number (EIN) | 98         | ness Identifier (UBI) |
| Answer the following Provide a detailed explanation you will use the vehicle and ve  we will use and purchases  | of your primary busin<br>ssel records). We<br>to very | ness activ   | rity (exactly w<br>lien hold                 | hat your busine    |            |                       |
|   | N/  |              |  |                    |            |                       |
| Will you contact the owner for a investigator, or to any other per disclose the information or stat   | SOUR OF DUSINESSES                                    | LICA THIC    | COUCA TO MOO                                 | arila a la arresta | *11        | 59                    |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

PRINT or TYPE Name

Signature of Dusiness or organization

Authorities:

# Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

# Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
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In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|   | Legal business name  | Contact name       |                              |                          |
|---|--|--------------------|------------------------------|--------------------------|
|   |  | Contact name       | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |                    | Subscriber's permissible use |                          |
|   | Does the subscriber provide info an attorney or private investigato      | rmation to r?      |                              |                          |
| 2 | Legal business name  | Contact name       | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |                    | Subscriber's permissible use |                          |
|   | Does the subscriber provide informan attorney or private investigato     | mation to          |                              |                          |
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|   | Does the subscriber provide infor<br>an attorney or private investigator | mation to ? Yes No |                              |                          |
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|   | Does the subscriber provide inform an attorney or private investigator?  | action to          |                              |                          |
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|   | Address, City, State, Zip code   |                    | Subscriber's permissible use |                          |
|   | Does the subscriber provide inform an attorney or private investigator?  | ation to           |                              |                          |

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# **BUSINESS LICENSE**

Corporation

DENPER GROUP, INC. 11902 124TH AVE NE KIRKLAND, WA 98034 Unified Business ID #: 601042893 Business ID #: 001 Location: 0002

Expires: Mar 31, 2018

UNEMPLOYMENT INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE VESSEL DEALER #8525 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE MOTOR VEHICLE DEALER #1423 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Dikk: Smith



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If you currently have a CPS number, enter it here \_

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|  |  |                     |                    | -            |                |                    |                                  |  |
|--|--|---------------------|--------------------|--------------|----------------|--------------------|----------------------------------|--|
| CASCADE FEDERAL CREDIT WITON Website WWW.CASCADE FCU. ORG  |  |                     |                    |              |                |                    |                                  |  |
| Contact name. Primary applicant and contract manager  LARIHE FEBUS  (Area code) Telephone numb 425-251-360   |  |                     |                    |              | Email (require | 2 <mark>,</mark> 6 | ascabefou. Opg                   |  |
| Contact name 2 (if applicable)  CUZARETH MEZHUA  (Area code) Telephone number 125-251-360  |  |                     |                    | 5            | Email (require | id)<br><b>J</b> A- | @CASCADEFCU. OF                  |  |
| Physical address of business (number and 1862 O · SoTH A   |  |                     |                    |              |                |                    |                                  |  |
| City KENT  |  |                     |                    | State \      | NA             |                    | ZIP code<br>98032                |  |
| Mailing address of business (if different)   |  |                     |                    |              |                |                    |                                  |  |
| City   |  |                     |                    | State        |                |                    | ZIP code                         |  |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number                 | er (TIN)            | Employer Identific | cation Nun   | nber (EIN)     |                    | nified Business Identifier (UBI) |  |
| Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). |  |                     |                    |              |                |                    |                                  |  |
| WE ARE A CH<br>OFFERING LA<br>RECREATION<br>TITUES USE   | DEDIT UNIC<br>DANS ON T<br>JAL VEHI<br>DAS CON | NTLE<br>CLES<br>ATE | FINAND VEH         | UCIA<br>FICE | H IN           | 157<br>V E<br>U    | ENS ON<br>ESSELS,<br>LITUTION    |  |

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

WE WILL NOT DISCUSSE INFORMATION OF CONTACT THE OWNER. INFORMATION WOULD BE USED TO VERIFY LIEN PLACEMENT OR RELEASE. ALSO TO VERIFY DISCREPANCIES ON LIEN/TITLES.

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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

2/15/18 MNG COUNTY

Date and place (county) signed

Signature of business or organization representative

#### Authorities:



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|--|---------------------------|
| ,                                      |                           |

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|--|------------------------------|-------------|--------------------|------------|----------------|---------|----------------------------------|
| Company/Agency name  |                              |             |                    |            | Website        |         |                                  |
| POTLATO  | CH NO. 1 FEDERAL             | CREDIT      | UNION              |            |                |         |                                  |
| Contact name. Primary applicant and cor  | ntract manager               | (Area code) | Telephone number   | •          | Email (require | ed)     |                                  |
| Stacey Messick   |                              | sme         | ssick(             | @p1fcu.org |                |         |                                  |
| Contact name 2 (if applicable)   |                              | (Area code) | Telephone number   |            | Email (require | ed)     |                                  |
| Physical address of business (number an  | nd street)                   |             |                    |            |                |         |                                  |
| 1015 Warner Ave  | id attect)                   |             |                    |            |                |         |                                  |
| City   |                              |             |                    | State      |                |         | ZIP code                         |
| Lewiston   |                              |             |                    | 1D         |                |         | 83501                            |
| Mailing address of business (if different)   |                              |             |                    |            |                |         |                                  |
| PO Box 897   |                              |             |                    |            |                |         |                                  |
| City   |                              |             |                    | State      |                |         | ZIP code                         |
| Lewiston   |                              |             |                    | <u> </u>   | ID             |         | 83501                            |
| Provide <b>one</b> of  | Taxpayer Identification Numb | er (TIN)    | Employer Identific | cation N   | iumber (EIN)   | WA U    | nified Business Identifier (UBI) |
| these identifiers  | 6d                           |             |                    |            |                |         |                                  |
| Answer the following   |                              |             |                    |            |                |         |                                  |
| Provide a detailed explanation you will use the vehicle and warmen and warmen are supported by the provide and the pro |                              | siness acti | vity (exactly w    | rhat y     | our busines    | ss or a | agency does and how              |
| FINIANCIAL INICTITUT   | ION                          |             |                    |            |                |         |                                  |
| FINANCIAL INSTITUTI ADD OR RELEASE LIE   |                              | ATEDAL      |                    |            |                |         |                                  |
| REQUEST PAPER TIT  |                              | AIERAL      |                    |            |                |         |                                  |
| REQUEST PAPER III  | LEO                          |             |                    |            |                |         |                                  |
|  |                              |             |                    |            |                |         |                                  |
|  |                              |             |                    |            |                |         | -3                               |
| Will you contact the owner for   |                              |             |                    |            |                |         |                                  |
| investigator, or to any other placed disclose the information or st  |                              |             |                    |            |                |         |                                  |
| NO   |                              |             |                    |            |                |         |                                  |
| I NO   |                              |             |                    |            |                |         |                                  |
|  |                              |             |                    |            |                |         |                                  |
|  |                              |             |                    |            |                |         |                                  |

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

Date and place (county) signed

Signature of business or organization representative

Authorities:

#### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|---|--|--------------|------------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use | 1                        |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | ☐ Yes ☐ No |                              |                          |
| 2 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   | ····         |            | Subscriber's permissible use | 1                        |
|   | Does the subscriber provide informa an attorney or private investigator? | ition to     | Yes No     |                              |                          |
| 3 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | ition to     | ☐ Yes ☐ No |                              |                          |
| 4 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide Informa an attorney or private investigator? | ation to     | ☐ Yes ☐ No |                              |                          |
| 5 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | ation to     | ☐ Yes ☐ No |                              |                          |
| 6 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | ation to     | Yes No     |                              |                          |
| 7 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use | •                        |
|   | Does the subscriber provide informa an attorney or private investigator? | ation to     | ☐ Yes ☐ No |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# **BUSINESS & OCCUPATION LICENSE**

POST IN A CONSPICUOUS PLACE

THIS LICENSE EXPIRES 12/31/2018

BL05-001332

THIS LICENSE IS ISSUED TO: POTLATCH #1 FEDERAL CREDIT UNION

Business Name and Mailing Address:

POTLATCH #1 FEDERAL CREDIT UNION 1015 WARNER AVE LEWISTON, ID 83501

#### **GENERAL BUSINESS**

This license is granted upon the condition that the licensee conforms to all law of the United States and the State of Idaho, having reference to the business or occupation for which this license is granted, and to all orders, resultions and ordinance of the City of Lewiston, Idaho, applicable to such business or occupation, and on further condition this license is not transferrable to any other person, firm, corporation or location. Description of approved business or occupation:

**CREDIT UNION** 

LICENSED LOCATION: 1015 WARNER AVE

DATE EFFECTIVE: 01/01/2018

LICENSE FEE: \$ 323.00

CITY AUTHORIZATION SIGNATURE

This is your Business & Occupation License for the City of Lewiston, Idaho. This license must be displayed in a prominent location upon the licensed premises. CHANGE OF LOCATION OR OWNER: A change in business location or change in owners will automatically void this license and necessitate application and issuance of a new license. EXPIRATION: This license is issued for one year, unless indicated otherwise or revoked. LICENSE RENEWAL: Licenses issued for one year are to be renewed on or before the expiration date. It is your responsibility to notify the City of Lewiston of any change in mailing address to ensure that you receive your renewal notice or any other correspondence. Failure of any person to receive any such forms shall not excuse the person for maiking application and securing a license. DELINQUENT: Those licenses not renewed by the due date shall be considered delinquent and subject to a delinquent penalty. OUT OF BUSINESS: Notify the City of Lewiston of business closure and date of closure.

THIS LICENSE IS NOT TRANSFERRABLE TO ANY OTHER PERSON, FIRM, CORPORATION OR LOCATION.



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Email (quickest)

cpe@dol.wa.gov

Print and scan or upgrade to

Adche Reader XI or above to fill it in and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

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If you currently have a CPS number, enter it here . Website Company/Agency name www Credit Concepts of WA, LLC Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) 125.8103.1049 (Area code) Telephone number Email (required) Contact name 2 (if applicable) Physical address of business (number and street) ZIP code Mailing address of business (if different) ZIP çede State City WA Unified Business Identifier (UBI) Employer Identification Number (EIN) ver Identification Number (TIN) Provide one of these identifiers 6d Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

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- Private investigator -- Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

pate and place (county) signed

PRINT or TYPE Name

Signature of business or organization representation

Authorities:



# **BUSINESS LICENSE**

Domestic Limited Liability Company

Unified Business ID #: 602 463 583

Business ID #: 1 Location: 1

CREDIT CONCEPTS OF WASHINGTON, LLC CREDIT CONCEPTS 23632 HIGHWAY 99 STE V EDMONDS WA 98026 9206

TAX REGISTRATION INDUSTRIAL INSURANCE UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS: Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES: CREDIT CONCEPTS

LICENSE NUMBER BL-010015

# CITY OF EDMONDS

LICENSE YEAR 2018

Business License

This license must be displayed and may not be transferred or assigned. Effective January 1 through December 31 of license year except where noted.

CREDIT CONCEPTS OF WASHINGTON LLC 23632 HIGHWAY 99

EDMONDS, WA 98026

 $\xi_{ij}(x) \in \mathbb{V} \setminus \{ \frac{1}{2}, \frac{1}{2} \}$ 



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cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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| Company/Agency name Garry Fourre  |  |            |                    | Website<br>NA       |  |                     |
|---|--|------------|--------------------|---------------------|--|---------------------|
|   |  |            |                    |                     |  |                     |
| Contact name. Primary applicant and contract manager Garry T. Fourre (Area code) Telephoral 360 870 2873                  |  |            |                    | Email (red<br>Garry |  | com                 |
|   |  |            | Telephone number   |                     |  |                     |
| Physical address of business (number a 6202 Puget Rd NE   | nd street)   |            |                    |                     |  |                     |
| City  | 2 M M NO 9 M COMMON NO.  |            |                    | State               |  | ZIP code            |
| Olympia   |  | ······     |                    | Wa.                 |  | 98516               |
| Mailing address of business (if different)  |  |            |                    |                     |  |                     |
| City  | Section (1) and the state of the state of the section of the secti |            |                    | State               |  | ZIP code            |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Numb   | oer (TIN)  | Employer Identific | ation Number (EIN)  | on Number (EIN) WA Unified Business Identifier (UB 601088015 |                     |
| Answer the following Provide a detailed explanati you will use the vehicle and I am a Recreational vehicl their vehicles. | vessel records).   |            |                    |                     |  |                     |
| Will you contact the owner for  | persons or businesses  | ? Use this | s space to des     | cribe how you       | will co  | ontact the owner or |
| disclose the information or s   | -  |            |                    |                     |  |                     |

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Washington Administrative Code (WAC) 308-10-075, 308-93-087

- Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Garry T. Fourre
PRINT or TYPE Name

Manual M

Feb. 13, 2018

Date and place (county) signed

Authorities: Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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Vehicle Records Disclosure Unit Department of Licensing PO Box 2957

Olympia, WA 98507

Fax (360) 570-7895

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| If you currently have a CPS  | S number, enter it here  |              | 13a               |                           |                                       |         |
|--|--|--------------|-------------------|---------------------------|---------------------------------------|---------|
| Company/Agency name  | westanta   | 5 Me         |                   | Website                   | VESTIGATIONS CON                      | ٨       |
| Contact name: Primary applicant ar                                     |  | (Area code)  | Telephone number  | 0 13                      | Bustigative e yal                     | noo, la |
| Contact name 2 (if applicable)   |  |              | Telephone number  | Email (require            | , , , , , , , , , , , , , , , , , , , |         |
| Physical address obusiness (number of the City (144) and (144)         | E WA   | (FE)         | 16                | State WA                  | ZIPOCONU                              | 11      |
| Mailing address of business (if diffe                                  |  |              |                   |                           | ZIP code                              | Us      |
| Oity   |  | L - CTIAI)   | Employer Identifi | State cation Number (EIN) | WA Unified Business Identifier        | (UBI)   |
| Provide <b>one</b> of these identifiers                                | Taxpayer Identification Nu   | moer (Tilv)  | Linp              | 6d                        |                                       |         |
| Answer the following Provide a detailed expla you will use the vehicle | nation of your primary b<br>and vessel records).                                   | usiness acl  | tivity (exactly v | what your busine          | ess or agency does and l              | now     |
|  | Private IN<br>tes. vurifico  | Nestig       | Utions.           | CNM                       | mal & avi                             | V       |
| Loca   | KB, VWI KLO  | HM Y         | halha             | MMNDS                     | ,                                     |         |
| Will you contact the own   | ner for any purpose, prot<br>ther persons or business<br>or state that you will no | vide the reg | gistration recor  | rd information to         | will contact the owner of             | r       |

Per subpoena or through discovery

RPD-224-002 (R/G/17)WA Page 1 of 3

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Mane Coun

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

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Washington Administrative Code (WAC) 308-10-075, 308-93-087



# **BUSINESS LICENSE**

# Corporation

G/T INVESTIGATIONS, INC. G T PROCESS SERVICE 222 W MISSION AVE SPOKANE, WA 99201-2344

TAX REGISTRATION - ACTIVE

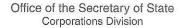
CITY ENDORSEMENTS: SPOKANE GENERAL BUSINESS #T12038935BUS - ACTIVE Unified Business ID #: 602462278 Business ID #: 001

Location: 0002

Expires: Jan 31, 2019

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue





# LEGAL ENTITY REGISTRATION

G/T INVESTIGATIONS, INC. 422 W RIVERSIDE STE 1100 SPOKANE, WA 99201

Unified Business ID #: 602462278

Expiration: Jan-31-2019

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

tun Ulma

Secretary of State



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| Company/Agency name WYOLLS SLVV   | CL  | 011111                   | Hgations, com                        |
|---|---|--------------------------|--------------------------------------|
| Contact name. Primary applicant and contract manager  | (Area code) Telephone num 500 839 442 (Area code) Telephone num | 911                      | nvistigatione julio                  |
| Contact name 2 (if applicable)  Physical address of business (number and street)                                  | (Area code) telepriorie indiri                                  |                          |                                      |
| STUTULE STUTULE   | 7/6 110   | State                    | ZIP code 99201                       |
| Mailing address of business (if different)  |   | State                    | ZIP code                             |
| Provide one of Taxpayer Identification these identifiers  | Number (TIN) Employer Ide                                       | ntification Number (EIN) | WA Unified Business Identifier (UBI) |
| Answer the following Provide a detailed explanation of your primary you will use the vehicle and vessel records). | business activity (exactl                                       | y what your busines      | s or agency does and how             |
| LONG LAND   | US SONILL   |                          |                                      |

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serve them legal court dunments

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PRINT or TYPE Name

eta and place (county) signed

Signature of business of organization representative

Authorities:



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here

| Company/Agency name<br>Heckman Motors Inc  |   |   |                                   | Website                                 |   |                    |
|--|---|---|-----------------------------------|---|---|--------------------|
| Contact name. Primary applicant and cor<br>Jack Heckman  | (Area code) Telephone number 360.460.1073 |   | , ,                               | Email (required) jackheckman@olypen.com |   |                    |
| Contact name 2 (if applicable)   |   |   | Telephone number                  | i.                                      |   | урси.сон<br>       |
| Physical address of business (number an 111 E. Front Street  | d street)                                 |   |                                   |   |   |                    |
| City Port Angeles  |   |   |                                   | State<br>WA                             |   | ZIP code<br>98362  |
| Mailing address of business (if different)   |   |   |                                   | VV A                                    |   | 76302              |
| City   |   |   |                                   | State                                   |   | ZIP code           |
| Provide one of these identifiers   | Taxpayer Identification                   | tion Number (TIN) Employer Identification Number (EIN) WA Unified Business Iden 600016076 |                                   |   | L<br>nified Business Identifier (UBI)<br>016076 |                    |
| Answer the following Provide a detailed explanation you will use the vehicle and will management and parking en Information needed to contact. | vessel records). forcement for pa         | rking lots own  | ned by Clallam                    | Transit and C                           |   | •                  |
| Will you contact the owner fo investigator, or to any other p disclose the information or st Yes- Vehicles parking witho will contact via USPS | ersons or busine<br>ate that you will r   | sses? Use thi<br>not disclose it  | s space to des<br>and will not co | scribe how you<br>intact the owne       | will cor<br>r. This                             | ntact the owner or |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a ledible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Jack Heckman
PRINT or TYPE Name

02-06-18 Clallam County

Date and place (county) signed

Signature of business or organization representative

#### Authorities:



# BUSINESS LICENSE

Corporation

HECKMAN MOTORS, INC. BUDGET RENT-A-CAR PORT ANGELES 111 E FRONT ST PORT ANGELES, WA 98362-2906

UNEMPLOYMENT INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE TAX REGISTRATION - ACTIVE

Unified Business ID #: 600016076 Business ID #: 001 Location: 0003

Expires: Mar 31, 2018

INDUSTRIAL INSURANCE - ACTIVE RENTAL CAR REGISTRATION #R61360 - ACTIVE MOTOR VEHICLE DEALER #1114 - ACTIVE

DUTIES OF MINORS: PARKING ATTENDANT, CAR WASHING

# LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

Minors employed in maintenance and repair work must be at least 16 years of age. WAC 296-125-033(5)(a)

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

3/21/17 Forped to Mankeum 253-395-2272



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13a

| If you currently have a CPS number, enter it here _   | 13a                  | 27               |               |                |                         |  |  |  |
|---|----------------------|------------------|---------------|----------------|-------------------------|--|--|--|
| Company/Agency name DAMEVOW FOYO  |                      |                  | Website WWW.  | damen          | onford. com             |  |  |  |
| Contact name, Primary applicant and contract manager  | (Area code) Telephon | 4029             | Email (requir | ed) ,          | vertonauto              |  |  |  |
| Physical address of business (number and street)  | (Area code) Telephon | 2098             | BONNIS        |                | meronford.c             |  |  |  |
| 12325 SN Canyon Rd.   |                      |                  |               |                |                         |  |  |  |
| Beaverton   |                      | Stat             | Ř             | ZIP coo        | สำวัธ                   |  |  |  |
| Mailing address of business (if different)  | 2 B                  | 1                |               |                |                         |  |  |  |
| Beaverton   | g , 5 = .<br>U       | Stat             | $\Re$         | ZIP coo        | ใดาธ                    |  |  |  |
| Provide one of these identifiers Taxpaver Identification Number 1   | eor (TIN) Employe    | r Identification | Number (EIN)  | WA Unified Bus | siness Identifier (UBI) |  |  |  |
| Answer the following  Provide a detailed explanation of your primary bus you will use the vehicle and vessel records).  |                      |                  |               |                |                         |  |  |  |
| We are a car dealership. We used the records to verify ownership  |                      |                  |               |                |                         |  |  |  |
| when a vehicle is traded  | m.                   |                  | 0 10 10       | 90             | of local life           |  |  |  |
|   |                      |                  |               |                |                         |  |  |  |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. |                      |                  |               |                |                         |  |  |  |
| We would only contact ou  | r custamo            | VIDE             | haura.        | INA MAI        | to number               |  |  |  |
| documentation from them.  | ne would             | not T            | Provide       | the in         | Hormation               |  |  |  |
| to anyone else.   |                      |                  |               | 1              | T. I. IOTIO             |  |  |  |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DRINT OF TYPE NAME

Date and place (county) signed

- 11 1 1 1

A INCOVIVO

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

## Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 26730 | Legal business name  | T 01-1       |         |                              |                              |                          |  |  |
|-------|--|--------------|---------|------------------------------|------------------------------|--------------------------|--|--|
|       |  | Contact name |         |                              | Email                        | (Area code) Phone number |  |  |
|       | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                              |                          |  |  |
|       | Does the subscriber provide informa<br>an attorney or private investigator?  | ation to     | Yes     | □No                          |                              |                          |  |  |
| 2     | Legal business name  | Contact name |         |                              | Email                        | (Area code) Phone number |  |  |
|       | Address, City, State, Zip code   | -            | .w.     | - A                          | Subscriber's permissible use |                          |  |  |
|       | Does the subscriber provide informa an attorney or private investigator?     | ation to     | Yes     | □No                          | -                            |                          |  |  |
| 3     | Legal business name  | Contact name | V N     |                              | Email                        | (Area code) Phone number |  |  |
|       | Address, City, State, Zip code   | 2            | ·       | F                            | Subscriber's permissible use |                          |  |  |
|       | Does the subscriber provide informa an attorney or private investigator?     | tion to      | Yes     | □ No                         |                              |                          |  |  |
| 4     | Legal business name  | Contact name |         |                              | Email                        | (Area code) Phone number |  |  |
|       | Address, City, State, Zip code   |              |         |                              | Subscriber's permissible use |                          |  |  |
|       | Does the subscriber provide information an attorney or private investigator? | tion to      | Yes     | □ No                         | a <sup>es</sup> w            |                          |  |  |
| 5     | Legal business name  | Contact name |         |                              | Email                        | (Area code) Phone number |  |  |
|       | Address, City, State, Zip code   |              |         |                              | Subscriber's permissible use |                          |  |  |
|       | Does the subscriber provide informat an attorney or private investigator?    | ion to       | ☐ Yes [ | □ No                         |                              |                          |  |  |
| 6     | Legal business name  | Contact name | _ 25    |                              | Email                        | (Area code) Phone number |  |  |
|       | Address, City, State, Zip code   |              |         | Subscriber's permissible use |                              |                          |  |  |
|       | Does the subscriber provide informat an attorney or private investigator?    | ion to       | ☐ Yes [ | □No                          |                              |                          |  |  |
| 7     | Legal business name  | Contact name |         |                              | Email                        | (Area code) Phone number |  |  |
|       | Address, City, State, Zip code   |              |         |                              | Subscriber's permissible use |                          |  |  |
|       | Does the subscriber provide informati an attorney or private investigator?   | on to        | Yes [   | □No                          | * :                          |                          |  |  |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

# VEHICLE DEALER CERTIFICATE

# **DA1503**

EXPIRES: NOVEMBER 30, 2020

EFFECTIVE: NOVEMBER 1, 2017

Issued To:

DAMEROW FORD CO DBA: DAMEROW FORD BEAVERTON OR 97005

12325 SW CANYON RD

This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040.

location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050. To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other

Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314

\* ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE \*



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**Fax** (360) 570-7895

SIVC.

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| If you currently have a CPS no  | ımber, enter it here _ | 13        | 3a  |        | <del></del> |   |                                     |             |
|---|------------------------|-----------|---|--------|-------------|---|-------------------------------------|-------------|
| Company/Agency name   | ve Insurance           |           |   |        | Website     |   | DITTON                              |             |
| Contact name, Primary applicant and contract manager DAVIP DARE   |                        |           | (Area code) Telephone number<br>440 - 916 - 0 775 |        |             | Email (required)  DDAREE Progressive. com   |                                     |             |
| Contact name 2 (if applicable) Ryan Brucland  |                        |           | (Area code) Telephone number                      |        |             | Email (required) Ryan_K_Briceland & Progres |                                     |             |
| Physical address of business (number ar   | ,                      |           |   |        |             |   |                                     | <del></del> |
| City HICEHLAND HITS,  |                        |           | State   |        | 1410        |   | ZIP code<br>4414.                   | 3           |
| Mailing address of business (if different)  Sone  |                        |           |   |        |             |   |                                     |             |
| City  | City                   |           |   | State  |             |   | ZIP code                            |             |
| Provide one of these identifiers  |                        |           | Employer Identification                           |        |             | WA Uni                                      | A Unified Business Identifier (UBI) |             |
| Answer the following Provide a detailed explanation you will use the vehicle and to  Insurance Co  Evaluate   | records)               |           |   |        |             |   |                                     |             |
| Will you contact the owner for investigator, or to any other prodisclose the information or state of the may contact we would consider the suspected. | ersons or businesses   | ? Use thi | is space to des                                   | scribe | how you w   | ill cont                                    | act the own                         | er or       |

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Signature of business or organization representative

#### Authorities:

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|         | Legal business name   | Contact name |      | Email                        | (Area code) Phone number  |  |  |
|---------|---|--------------|------|------------------------------|---------------------------|--|--|
| 1       | Logal Scalled Name  | Comact Hame  |      | Lindi                        | (Area code) Frione number |  |  |
| 1       | Address, City, State, Zip code  |              |      | Subscriber's permissible use |                           |  |  |
|         | Does the subscriber provide inform an attorney or private investigator?   | ation to     | □No  |                              |                           |  |  |
| 2       | Legal business name   | Contact name |      | Email                        | (Area code) Phone number  |  |  |
|         | Address, City, State, Zip code  |              |      | Subscriber's permissible use |                           |  |  |
|         | Does the subscriber provide inform an attorney or private investigator?   |              | □ No |                              |                           |  |  |
| $\odot$ | Legal business name   | Contact name |      | Email                        | (Area code) Phone number  |  |  |
|         | Address, City, State, Zip code  |              |      | Subscriber's permissible use |                           |  |  |
|         | Does the subscriber provide inform an attorney or private investigator?   | ation to     | □ No |                              |                           |  |  |
| 4       | Legal business name   | Contact name |      | Email                        | (Area code) Phone number  |  |  |
|         | Address, City, State, Zip code  |              |      | Subscriber's permissible use |                           |  |  |
|         | Does the subscriber provide inform<br>an attorney or private investigator?  | ation to     | □No  |                              |                           |  |  |
| 5       | Legal business name   | Contact name |      | Email                        | (Area code) Phone number  |  |  |
|         | Address, City, State, Zip code  |              |      | Subscriber's permissible use |                           |  |  |
|         | Does the subscriber provide inform<br>an attorney or private investigator?  | Yes          | □No  |                              |                           |  |  |
| 6       | Legał business name   | Contact name |      | Email                        | (Area code) Phone number  |  |  |
|         | Address, City, State, Zip code  Does the subscriber provide information to an attorney or private investigator?  Yes No |              |      | Subscriber's permissible use |                           |  |  |
|         |   |              |      |                              |                           |  |  |
| 7       | Legal business name   | Contact name |      | Email                        | (Area code) Phone number  |  |  |
|         | Address, City, State, Zip code  |              |      | Subscriber's permissible use |                           |  |  |
|         | Does the subscriber provide inform an attorney or private investigator?   | ation to     | □ No |                              |                           |  |  |

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# State of Ohio

# Department of Insurance

Certificate of Authority

This is to Certify, that

# PROGRESSIVE CASUALTY INSURANCE COMPANY

NAIC No. 24260

is organized under the laws of this State as of November 17, 1956 and is authorized to issue policies and transact business under the following section(s) of the Ohio Revised Code:

# Section 3929.01 (A)

Aircraft

Allied Lines

Boiler & Machinery

Burglary & Theft

Commercial Auto - Liability

Commercial Auto - No Fault

Commercial Auto - Phys Damage

Credit

Earthquake

Fidelity

Fire

Glass

Inland Marine

Medical Malpractice

Multiple Peril - Commercial

Multiple Peril - Farmowners

Multiple Peril - Homeowners

Ocean Marine

Other Liability

Private Passenger Auto - Liab

Private Passenger Auto-Other

Private Passenger-Phys Damage

Surety

This Certificate of Authority is subject to the laws of the State of Ohio.



John R. Kasich, Governor

mary Taylor

Mary Taylor, Lt. Governor/Director



# **Vehicle/Vessel On-line Access Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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Vehicle Records Disclosure Unit Department of Licensing PO Box 2957

(360) 570-7895 Olympia, WA 98507

Fax

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| Authorized recipients may only redisclose information as permitted by law. There is no guarantee your approved. See Authorities at the bottom of Page 2 of this application. | l business contact.<br>request will be |
|--|--|
| If you currently have a CPS number, enter it here  |  |
| Company/Agency name  |  |

| nave a CPS number, enter it here _   | 10a                       |                    |            |                                   |
|--|---------------------------|--------------------|------------|-----------------------------------|
| Company/Agency name  |                           | Webs               | eito       |                                   |
| Contact name. Primary applicant and contract manager   |                           | LINE               |            | nda offife.com                    |
| Pritame Pivinski   | (Area code) Telephone num |                    |            |                                   |
| Contact name 2 (if applicable)   | 253.922.267               | 3 Bri              | Havie      | anonda office com                 |
|  | (Area code) Telephone num | per Email          | (required) | COM COM                           |
| Physical address of business (number and street)   |                           |                    |            |                                   |
| 14001 20th St. E   |                           |                    |            |                                   |
| nie.   |                           | State              | 1          | ZIP code                          |
| Mailing address of business (if different)   |                           | -M                 | A          | 98424                             |
| City   |                           |                    |            |                                   |
|  |                           | State              |            | ZIP code                          |
| Provide one of Taxpayer Identification Number  | (TIN) Employer Identi     | fication Number (E |            |                                   |
| these identifiers 6d Answer the following  |                           | ncation Number (E  | =IN) WA    | Unified Business Identifier (UBI) |
| Provide a detailed explanation is  |                           |                    |            |                                   |
| Provide a detailed explanation of your primary busing you will use the vehicle and vessel records).  | ness activity (exactly    | what your bu       | siness o   | r agency does and how             |
| of file will like the versionally  | wand used                 | car e              | deale      | rship. Honda                      |
| A lieu holder or and regul   | essel record              | b b v              | erifu      | if there is                       |
| Vicinia by the test of the vegistered  | - Durner is               | on the             | ifa        | Venicle is                        |
| you will use the vehicle and vessel records). Ne of Fife will use the Vehicle / Venicul / Valien holder or 2nd registered weing traded into Honda of F | ik.                       |                    | •          | 19/11/200                         |
| ,  |                           |                    |            |                                   |
| Will you cost at the   |                           |                    |            |                                   |
| Will you contact the owner for any purpose, provide investigator, or to any other persons or businesses?   | the registration record   | d information      | to an at   | tornov or private                 |
| investigator, or to any other persons or businesses? disclose the information or state that you will not dis   | Use this space to de-     | scribe how yo      | ou will co | ontact the owner or               |
| disclose the information or state that you will not dis  | close it and will not co  | ntact the ow       | ner. This  | is required information           |
| 1-0.   |                           |                    |            | i a santinadori.                  |
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|  |                           |                    |            |                                   |
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|  |                           |                    |            |                                   |
| D-224-002 (R/6/17)WA Page 1 of 3   |                           |                    |            |                                   |

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years
  from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 Dean W MC. Office  | Contact name          | Email Bushles and Assembles Control                       | (Area code) Phone number                 |
|--|-----------------------|---|--|
| Address, City, State, Zip code   | Britanie Pivinshi     | Britanie anonda offife.  Subscriber's permissible use Com | 253-922-2473                             |
| 4301 200 St E Fift, W  | A98424                | Mosfix legal I registered                                 | Duners For                               |
| Does the subscriber provide informa an attorney or private investigator?     | tion to               | Vericus traded in o                                       | r purchaud                               |
| , ,  | Contact name          | at Honda of Fife.   |  |
| 2 Dean Lee Inc. Harda  | John Short            | Email   | (Area code) Phone number                 |
| Address, City, State, Zip code   |                       | Subscriber's permissible use                              | 1000 100000                              |
| 4301200 St. E Fife.  | WA 98424              | Same As Above   | -  |
| Does the subscriber provide informa an attorney or private investigator?     | ☐ Yes 🗓 No            |   |  |
| Bean Winc. DBA<br>Honda of Fix   | CNVIS WOLFE           | Email<br>CWOIR@hondaoffife.com                            | (Area code) Phone number 253-922-24-72   |
| Address, City, State, Zip code   | _                     | Subscriber's permissible use                              | ,  |
| 4301 20th SE. E FIG  | WA 98424              | Same As Above   | ,  |
| Does the subscriber provide informa an attorney or private investigator?     | tion to               |   |  |
| Legal business name Dean UL 194. PB4 Honda of File                           | Contact name  Denu Lu | Email<br>Rucenonda of fife. 60m                           | (Area code) Phone number                 |
| Address, City, State, Zip code<br>4301 20th St. E                            | FIA, WA 98424         | Subscriber's permissible use Same AS Above                |  |
| Does the subscriber provide information an attorney or private investigator? | tion to               | Same is rewe  |  |
| 5 Legal business name<br>Dean Lie Inc. DBA<br>Hovda of Fik                   | Tom Bryant            | Email Tomboanondanffik.com                                | (Area code) Phone number<br>253-922-2673 |
| Address, City, State, Zip code<br>4301 20th S.E. F                           | FA, WA 98424          | Subscriber's permissible use                              |  |
| Does the subscriber provide information an attorney or private investigator? | tion to               | Same As A   | bove                                     |
| S Legal business name  | Contact name          | Email   | (Area code) Phone number                 |
| Address, City, State, Zip code   |                       | Subscriber's permissible use                              |  |
| Does the subscriber provide informat an attorney or private investigator?    | ion to                |   |  |
| Legal business name  | Contact name          | Email   | (Area code) Phone number                 |
| Address, City, State, Zip code   |                       | Subscriber's permissible use                              |  |
| Does the subscriber provide informat an attorney or private investigator?    | ion to                | ·   |  |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Signature of business or organization representative

Authorities:



# **BUSINESS LICENSE**

Unified Business ID #: 601131296

Business ID #: 001

Location: 0001

Expires: Nov 30, 2018

DEAN LEE, INC. HONDA OF FIFE 4301 20TH ST E FIFE, WA 98424-1848

UNEMPLOYMENT INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE MOTOR VEHICLE DEALER #3572 - ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:

FIFE GENERAL BUSINESS - ACTIVE

**DUTIES OF MINORS:** 

FILING, WASHING CARS, BLDG MAINT, ANSWER PHONES. \*SERVICE OCCUPATIONS: IF A MINOR WORKS PAST 8:00 P.M.: MINOR MUST BE SUPERVISED BY A RESPONSIBLE ADULT EMPLOYEE WHO MUST REMAIN ON PREMISE AT ALL TIMES.\*

#### LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agriculural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

Minors employed in maintenance and repair work must be at least 16 years of age. WAC 296-125-033(5)(a)

REGISTERED TRADE NAMES:

HONDA OF FIFE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vike Smith

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 601131296 001 0001

DEAN LEE, INC. HONDA OF FIFE 4301 20TH ST E FIFE, WA 98424-1848 UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #3572 -ACTIVE Expires: Nov 30, 2018

# WASHINGTON STATE DEPARTMENT OF LICENSING

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| Company/Agency name Mayflower Metal  | s. Inc.   | 25  |  | Website<br>Www.  | mayflowermetals.com   |
|--|---|---|--|--|---|
| Contact name. Primary applicant and contract manager (Area code) Telephone no  |   |   |  | Email (requi   | red)  |
| Brian Green  |   | (509)   | 786-1818   | brian  | o may flower metals, con  |
| Contact name 2 (if applicable)   |   | (Area code  | e) Telephone number  | Email (requi   | (ed)  |
| Physical address of business (number and 139406 W Johnson R  |   |   |  |  |   |
| Prosser  |   |   | 3  | State<br>L/A   | ZIP code<br>99350   |
| Mailing address of business (if different)  PO Box 84  |   |   |  |  |   |
| Prosser  |   |   |  | WA   | ZIP code<br>99350   |
| Provide one of   | Taxpayer Identification   | Number (TIN)  | Employer Identificat   | on Number (EIN)  | WA Unified Business Identifier (UBI)  |
| these identifiers  |   |   | 6d   |  |   |
| Provide a detailed explanation you will use the vehicle and vehicle and vehicle are a Scrap Me   | ressel records).<br>tal Processo  | r, a Hulk   | Hauler, ar   | d Motor  | Vehicle Salvage   |
| Answer the following Provide a detailed explanation you will use the vehicle and v We are a Scrap Me Processor. We are a m semi trucks, trailers of they are primarily made  | tal Processo  | r, a Hulk   | Hauler, ar   | 1 Motor  | Vehicle Salvage   |
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When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties -RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
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In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1   | Legal business name   | Contact name                            |            | Email                        | (Area code) Phone number |  |
|-----|---|---|------------|------------------------------|--------------------------|--|
|     | Address, City, State, Zip code                                      |   |            | Subscriber's permissible use |                          |  |
|     | Does the subscriber provide in an attorney or private investigation |   | Yes No     |                              |                          |  |
| 2   | Legal business name   | Contact name                            |            | Email                        | (Area code) Phone number |  |
|     | Address, City, State, Zip code                                      |   |            | Subscriber's permissible use |                          |  |
|     | Does the subscriber provide in an attorney or private investigation |   | Yes No     |                              |                          |  |
| 3   | Legal business name   | Contact name                            |            | Email                        | (Area code) Phone number |  |
|     | Address, City, State, Zip code                                      |   |            | Subscriber's permissible use |                          |  |
|     | Does the subscriber provide in an attorney or private investiga     | formation to tor?                       | Yes No     |                              |                          |  |
| 4   | Legal business name   | Contact name                            |            | Email                        | (Area code) Phone number |  |
|     | Address, City, State, Zip code  Does the subscriber provide in      | formation to                            |            | Subscriber's permissible use |                          |  |
| 8,1 | an attorney or private investiga                                    | 201000                                  | ☐ Yes ☐ No |                              |                          |  |
| 5   | Legal business name   | Contact name                            |            | Email                        | (Area code) Phone number |  |
|     | Address, City, State, Zip code                                      | *************************************** |            | Subscriber's permissible use |                          |  |
|     | Does the subscriber provide in an attorney or private investiga     | formation to tor?                       | Yes No     |                              |                          |  |
| 6   | Legal business name   | Contact name                            |            | Email                        | (Area code) Phone number |  |
| 账   | Address, City, State, Zip code                                      |   |            | Subscriber's permissible use |                          |  |
| R   | Does the subscriber provide in an attorney or private investiga     |   | Yes No     |                              |                          |  |
| 7   | Legal business name   | Contact name                            |            | Email                        | (Area code) Phone number |  |
|     | Address, City, State, Zip code                                      |   |            | Subscriber's permissible use |                          |  |
|     | Does the subscriber provide in an attorney or private investiga     |   | Yes No     |                              |                          |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS number, enter it here | 13a |  |
|---|-----|--|
|---|-----|--|

| Company/Agency name  |                                 | Website                  |                     |                                |       |
|--|---------------------------------|--------------------------|---------------------|--------------------------------|-------|
| E\   | /ERETT BAYSIDE MARIN            | IE                       |                     | BAYSIDEMARINE.Co               | DM    |
| Contact name. Primary applicant and contract manager  DAN HATCH  (Area code) Telephone number 425-212-2241 |                                 |                          | D.4                 | ed)<br>AN@BAYSIDEMARINE.0      | COM   |
| Contact name 2 (if applicable)   |                                 |                          |                     | red)                           |       |
| Physical address of business (num  | ber and street)<br>RAFTSMAN WAY |                          |                     |                                |       |
| City EVEF  | RETT                            |                          | State               | A ZIP code 982                 | .01   |
| Mailing address of business (if diffe  | erent)                          |                          |                     |                                |       |
| City   |                                 |                          | State               | ZIP code                       |       |
| Provide one of   | Taxpayer Identification Number  | (TIN) Employer Identific | cation Number (EIN) | WA Unified Business Identifier | (UBI) |
| these identifiers  | 6d                              |                          | 6d                  | C 600-603-639                  |       |
| Answer the following   |                                 |                          |                     |                                |       |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

BOAT AND TRAILER SALES, NEW ANDUSED CONSIGNMENT BOAT REPAIR AND PARTS SALES

BOAT STORAGE

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

WILL NOT DISCLOSE ANY INFORMATION TO ANY PERSON OR BUSINESS INFORMATION ONLY USED TO CONFIRM CORRECT VIN AND HIN NUMBERS AND TO CONFIRM REGISTERED AND LEGAL OWNERS PRIOR TO SELLING AND TRANSFERING TITLE

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DAN HATCH

01/23/2018 SNOHOMISH

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name                  | Contact name  |       |      | Email                                   | (Area code) Phone number |  |
|---|--------------------------------------|---------------|-------|------|---|--------------------------|--|
|   | EVERETT BAYSIDE MARINE INC           | Dan Ha        | tch   |      | dan@baysidemarine.com                   | 425-212-2241             |  |
|   | Address, City, State, Zip code       |               |       |      | Subscriber's permissible use            |                          |  |
|   | 1111 CRAFTSMAN WAY, EV               | ERETT WA 9820 | 11    |      | 220000000000000000000000000000000000000 |                          |  |
|   | Does the subscriber provide informa  | tion to       |       |      | FULL USE                                |                          |  |
|   | an attorney or private investigator? |               | Yes   | X No |   |                          |  |
| 2 | Legal business name                  | Contact name  |       |      | Email                                   | (Area code) Phone number |  |
| ~ |                                      |               |       |      |   |                          |  |
|   | Address, City, State, Zip code       |               |       |      | Subscriber's permissible use            |                          |  |
|   |                                      |               |       |      |   |                          |  |
|   | Does the subscriber provide informa  | tion to       |       |      |   |                          |  |
|   | an attorney or private investigator? | mail 18       | Yes   | ☐ No |   |                          |  |
|   | Legal business name                  | Contact name  |       |      | Email                                   | (Area code) Phone number |  |
| 3 |                                      |               |       |      |   |                          |  |
|   | Address, City, State, Zip code       |               |       |      | Subscriber's permissible use            |                          |  |
|   |                                      |               |       |      |   |                          |  |
|   | Does the subscriber provide informa  | tion to       |       |      |   |                          |  |
|   | an attorney or private investigator? |               | Yes   | ☐ No |   |                          |  |
| A | Legal business name                  | Contact name  | ***** |      | Email                                   | (Area code) Phone number |  |
| 4 |                                      |               |       |      |   |                          |  |
|   | Address, City, State, Zip code       |               |       |      | Subscriber's permissible use            |                          |  |
|   |                                      |               |       |      |   |                          |  |
|   | Does the subscriber provide informa  | tion to       |       |      |   |                          |  |
|   | an attorney or private investigator? |               | Yes   | ☐ No |   |                          |  |
| 5 | Legal business name                  | Contact name  |       |      | Email                                   | (Area code) Phone number |  |
|   |                                      |               |       |      |   |                          |  |
|   | Address, City, State, Zip code       |               |       |      | Subscriber's permissible use            |                          |  |
|   |                                      |               |       |      |   |                          |  |
|   | Does the subscriber provide informa  | tion to       |       |      |   |                          |  |
|   | an attorney or private investigator? |               | Yes   | ∐ No |   |                          |  |
| 6 | Legal business name                  | Contact name  |       |      | Email                                   | (Area code) Phone number |  |
| 0 |                                      |               |       |      |   |                          |  |
|   | Address, City, State, Zip code       |               |       |      | Subscriber's permissible use            |                          |  |
|   |                                      |               |       |      |   |                          |  |
|   | Does the subscriber provide informa  | ation to      |       |      |   |                          |  |
|   | an attorney or private investigator? |               | Yes   | ∐ No |   |                          |  |
| 7 | Legal business name                  | Contact name  |       |      | Email                                   | (Area code) Phone number |  |
| ' |                                      |               |       |      |   |                          |  |
|   | Address, City, State, Zip code       |               |       |      | Subscriber's permissible use            |                          |  |
|   |                                      |               |       |      |   |                          |  |
|   | Does the subscriber provide informa  | ation to      |       |      |   |                          |  |
|   | an attorney or private investigator? |               | Yes   | ☐ No |   |                          |  |

**Use additional copies of this page**, **if needed**. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

# Confract Application-CPS Vehicle/Vessel On-line Access



application by email, mail or fax, and allow 14 business days for processing. service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this

70389 AW , sigmylO and save it. PO Box 2957 Adobe Reader XI or above to fill it in Department of Licensing Print and scan or upgrade to 9684-049 (098) Vehicle Records Disclosure Unit cps@dol.wa.gov Email (quickest) Fax lisM

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html Do not use this form for personal or individual record requests.

approved. See Authorities at the bottom of Page 2 of this application. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure We are committed to protecting personal information. Records and personal information are released in compliance with

13a

|  | e to describe how you v<br>ill not contact the owner  | osge this spac<br>w bns it asobeit            | persons or businesses<br>tate that you will not o   |  |  |
|--|---|---|---|--|--|
|  | what your busine had be cally what your busines had been added to the control of | siness activity (e<br>Tity dann<br>Tolka Ugha | on of your primary bus<br>vessel records). V c  | Answer the following Provide a detailed explanation you will use the vehicle and you will also the vehicle and you will use the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you will not be a support of the vehicle and you wi |  |
| (IBU) 76/ 36/ 609                                | iyer İdentification Number (EIN)  | olgri3 (VIT) 190                              | Taxpayer Identilication Num   | Provide one of<br>these identifiers  |  |
| aboo 912   | elsi2   |   | e a se e como e | CILY   |  |
| U.   |   | MINIMUS                                       |   | Mating address of business (if different)  |  |
| 09986  | . F.W elei?   |   |   | CHATCOHUEN   |  |
| Physical address of business (number and street) |   |   |   |  |  |
|  |   | (Vros code) Telepho                           | ~   | Contact nature 2 (if applicable)   |  |
| (pa  | 9-3100 B-N PS   | (Area code) Telephic                          | ndract manager  | Contact name, Primary applicant and co   |  |
| 19P1cbdilbords, con                              | CUOHIV-Y 777 S  | UNOS TIV                                      | OKO ABIE B  |  |  |
| 700000000000000000000000000000000000000          | 2   | 120   | umber, enter it here  | f you currently have a CPS n   |  |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOLs name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
- Your current business license or
- A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
- Your Articles of Incorporation, filed with the Secretary of State or
- Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.





# Vehicle/Vessel On-line Access Contract Application – CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

Mail

Fax

cps@dol.wa.gov

Vehicle Records Disclosure Unit

(360) 570-7895

Print and scan or upgrade to

Department of Licensing Adobe

Reader XI or above to fill it in PO Box 2957

and save it.

Olympia, WA 98507

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS   | number, enter it here -      | 13a        |                    |  |                               |     |                   |
|---|------------------------------|------------|--------------------|--|-------------------------------|-----|-------------------|
| Company/Agency name Reliable Credit Association Inc. (WA)   |                              |            |                    |  | Website<br>Reliablecredit.com |     |                   |
| Contact name. Primary applicant and contract manager Tracy Daniels  (Area code) Telephone number 425-778-7000 |                              |            | r                  | Email (required) tldaniels@reliablecredit.com                            |                               |     |                   |
| Contact name 2 (if applicable)  |                              | (Area code | ) Telephone numbe  | г  | Email (require                | ed) |                   |
| Physical address of business (number 5031 168th St SW Suite 185   | er and street)               |            |                    |  |                               |     |                   |
| City<br>Lynnwood  |                              |            |                    | State<br>WA  |                               |     | ZIP code<br>98258 |
| Mailing address of business (if difference Box 836  | ent)                         |            |                    |  |                               |     |                   |
| City<br>Lynnwood  |                              |            |                    | State<br>WA  |                               |     | ZIP code<br>98258 |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Numi | ber (TIN)  | Employer Identific | entification Number (EIN) WA Unified Business Identifier (UE 601-568-688 |                               |     |                   |
| Answer the following  |                              |            |                    |  |                               |     |                   |
| Provide a detailed explana<br>you will use the vehicle ar<br>Title look up to confirm lie                     | nd vessel records).          |            |                    |  |                               |     |                   |
|   |                              |            |                    | -  |                               |     |                   |

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Only if required to obtain proper title documents.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- s Washington State business Attach a legible copy of your current business license
- s Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- s Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Services Attorney Attach a legible

copy of your current bar card, or proof of current/active bar status in your state. s Private

**investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

|                                | PRINT or JYFE Name                                   |
|--------------------------------|--|
| 1/23/18 Symmsh                 | x /-   |
| Date and place (county) signed | Signature or business or organization representative |

### Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

s -AINTAIN A LEGIBLE 3UBSCRIBER 2OSTER AND COMPLETE
ALL IELDS s 2ECORD ALL SUBSCRIBERS s \$OCUMENT
THE SPECIIC PERMISSIBLE USE QUALIFICATION FOR EACH

### **SUBSCRIBER**

s 2ETAIN 3UBSCRIBER 2OSTER AND NOTICATION LETTERS SENT BY SUBSCRIBERS FOR THE TERM OF THE #ONTRACT AND FOR THREE YEARS from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name<br>Reliable Credit Association Inc (WA)                                   | Contact name<br>Serena Dingel | Email<br>smdingel@reliablecredit.com  | (Area code) Phone number<br>425 778 7000 |
|---|---|-------------------------------|---|--|
|   | Address, City, State, Zip code<br>5031 168 <sup>th</sup> St SW Suite 185 Lynnwood<br>WA 98046 |                               | Subscriber's permissible use Title look up to confirm lien perfected or confirm registered owner. |  |
|   | Does the subscriber provide informa<br>an attorney or private investigator?                   | tion to Yes No                |   |  |
| 2 | Legal business name   | Contact name                  | Email   | (Area code) Phone number                 |
|   | Address, City, State, Zip code  |                               | Subscriber's permissible use  |  |
|   | Does the subscriber provide informa an attorney or private investigator?                      | tion to Yes No                |   |  |
| 3 | Legal business name   | Contact name                  | Email   | (Area code) Phone number                 |
|   | Address, City, State, Zip code  |                               | Subscriber's permissible use  |  |
|   | Does the subscriber provide informa an attorney or private investigator?                      | tion to Yes No                |   |  |
| 4 | Legal business name   | Contact name                  | Email   | (Area code) Phone number                 |
|   | Address, City, State, Zip code  |                               | Subscriber's permissible use  |  |
|   | Does the subscriber provide informa an attorney or private investigator?                      | tion to Yes No                |   |  |
| 5 | Legal business name   | Contact name                  | Email   | (Area code) Phone number                 |

|   | Address, City, State, Zip code  |              |                       | Subscriber's permissible use |                          |
|---|---|--------------|-----------------------|------------------------------|--------------------------|
|   | Does the subscriber provide informa an attorney or private investigator?        | tion to      | □ <sub>Yes</sub> □ No |                              |                          |
| 6 | Legal business name   | Contact name |                       | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  |              |                       | Subscriber's permissible use |                          |
|   | Does the subscriber provide information to an attorney or private investigator? |              | ☐ <sub>Yes</sub> ☐ No |                              |                          |
| 7 | Legal business name   | Contact name |                       | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  |              |                       | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator?        |              | □ <sub>Yes</sub> □    |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



### City of Lynnwood

4114 198th ST SW / P.O. Box 5008 Lynnwood, WA 98046-5008

(425) 670-5421

www.lynnwoodwa.gov

**Business Name:** 

RELIABLE CREDIT ASSOC INC

**Business Location:** 

5031 168TH ST SW STE 185 LYNNWOOD, WA 98037

Owner:

License Number:

004460-01-2000

Issued Date:

1/2/2018

**Expiration Date:** 

1/2/2019

BUSINESS LICENSE CERTIFICATE
(YOUR LOCAL SALES TAX CODE IS 3110)

Business Type(s):

522220 Sales Financing

Mailing Address:

PO BOX 836

LYNNWOOD, WA 98046

License Type:

Resident

Classification:

Resident Business License

Fees Paid:

\$2,290.50

Community Development Director

NOT TRANSFERABLE OR ASSIGNABLE.

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW AT THE BUSINESS LOCATION.



# Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

| , ,   | ·                            |            |  |                         |                            |  |  |
|---|------------------------------|------------|--|-------------------------|----------------------------|--|--|
| Company/Agency name   |                              | Website    |  |                         |                            |  |  |
| Sergeants Towing Inc  |                              |            | www.se                                     | www.sergeantstowing.com |                            |  |  |
| Contact name. Primary applicant and contract manager (Area co |                              |            | ea code) Telephone number Email (required) |                         |                            |  |  |
| Amanda J. Ferree  |                              |            | 31-1948                                    | amanda(                 | amanda@sergeantstowing.com |  |  |
| Contact name 2 (if applicable) (Ar                            |                              | (Area code | (Area code) Telephone number               |                         | Email (required)           |  |  |
| Physical address of business (number a 2045 N. Vancouver Ave. | nd street)                   |            |  |                         |                            |  |  |
| City  |                              |            |  | State                   |                            | ZIP code                               |  |
| Portland  |                              |            |  | OR                      |                            | 97227                                  |  |
| Mailing address of business (if different)                    |                              |            |  |                         |                            |  |  |
| City  |                              |            |  | State                   |                            | ZIP code                               |  |
| Provide <b>one</b> of these identifiers                       | Taxpayer Identification Numb | oer (TIN)  | Employer Identific                         | ation Number (EIN)      | WA U                       | l<br>inified Bustness Identifier (UBI) |  |
| Answer the following  |                              |            |  |                         |                            |  |  |
| Provide a detailed explanation                                | on of your primary bus       | iness acti | ivity (exactly w                           | hat your busine         | ss or a                    | agency does and how                    |  |
| you will use the vehicle and                                  | vessel records).             |            |  |                         |                            |  |  |
| We are a towing company.                                      | Information obtained         | will be us | ed to notify re                            | gistered owners         | and 1                      | ien holders of the                     |  |

vehicles impoundment.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. The owners will be contacted via certified mail to notify them of the vehicles impoundment,

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties—RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Amanda J. Ferree

PRINT or TYPE Name

01/21/2018 Multnomah County Oregon

Date and place (county) signed

Signature of business or organization representative

### Authorities:



# CITY OF ${f P}$ ORTLAND

BUREAU OF REVENUE AND FINANCIAL SERVICES

Ted Wheeler, Mayor Ken Rust, Chief Financial Officer Thomas W. Lannom, Revenue Division Director

Terri Williams, Manager Tax Division Revenue Division 111 SW Columbia Street, Suite 600 Portland, Oregon 97201-5840

(503) 823-5157 FAX (503) 823-5192 TDD (503) 823-6868

April 4, 2017

SERGEANTS TOWING INC DBA SECURITY TOWING & RECOVERY LLC 2045 N VANCOUVER AVE PORTLAND OR 97227-1964

Account Number

RE: Certificate of Compliance

Questions? Call (503) 865-2478

Verify compliance at www.portlandoregon.gov/biztax



# CERTIFICATE OF COMPLIANCE

REVENUE DIVISION - TAX DIVISION, 111 SW COLUMBIA ST., SUITE 800, PORTLAND, OR 97201-5840. PHONE: (503) 823-6157, FAX: (503) 823-5192, TDD: (503) 823-6868



DATE ISSUED: April 4, 2017

ACCOUNT:

TAXFILER:

SERGEANTS TOWING INC

DBA SECURITY TOWING & RECOVERY LLC

2045 N VANCOUVER AVE PORTLAND OR 97227-1964

LOCATION: 12175 N NORTH PORTLAND RD

PORTLAND OR 97217

Is in compliance with the City of Portland Business License Tax Law and Multnomah County Business Income Tax Law as of April 4, 2017.

A Certificate of Compliance indicates that on the date of issuance the business was in compliance with applicable tax laws. It does not exempt the holder from annual filing requirements, nor does it entitle the holder to engage in any business activity not otherwise allowed by federal, state, and/or local laws.

REVBUR 12/09



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 (360) 570-7895

Email (required)

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

(Area code) Telephone number

| If you currently have a CPS number, enter | r it here |
|---|-----------|
|---|-----------|

Company/Agency name GRANGE INSURANCE ASSOCIATION

Contact name. Primary applicant and contract manager CARRON L LAFORCE

(Area code) Telephone number 206-753-4392

Carron.laforce@grange.com

Physical address of business (number and street)

| 200  | - NI X | $\sim$ |  | - 1 |
|------|--------|--------|--|-----|
| 011  |        |        |  |     |
| City |        |        |  |     |

Contact name 2 (if applicable)

SEATTLE Slate WA 2IP code 98121

13a

Mailing address of business (if different)

City State ZIP code

Provide one of these identifiers

Taxpayer Identification Number (TIN)

Employer Identification Number (EIN)

WA Unified Business Identifier (UBI)

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how

you will use the vehicle and vessel records).

Personal lines insurer.

Answer the following

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or

disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will contact the owner for insurance purposes only and may, depending on the investigation, forward this information to an attorney for investigation or settlement purposes. We may contact the owner via US Mail, phone, email, or text.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- · Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Carron L LaForce

PRINT OF TYPE Name

January 19, 2018

Date and place (county) signed

Signature of business or organization representative

#### Authorities:



# MASTER LICENSE SERVIGE

PO Box 9034 • Olympia, WA 98507-9034 • (860) 664-1400

# **REGISTRATIONS AND LICENSES**

Unified Business ID #: 600 175 994

Business ID #: 1 Location: 1

**GRANGE INSURANCE ASSOCIATION** 200 CEDAR ST SEATTLE WA 98121 1223

TAX REGISTRATION INDUSTRIAL INSURANCE UNEMPLOYMENT INSURANCE

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.



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Vehicle Records Disclosure Unit
Department of Licensing

PO Box 2957 Olympia, WA 98507 (360) 570-7895

Fax

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| this application.                       |  |  |  |  |
|---|--|--|--|--|
| 13a                                     |  |  |  |  |
| *************************************** | Website  |  |  |  |
| (Area code) Telephone number            | Email (requir  | Email (required)  hshurtleff a firstam.com   |  |  |
| (Area code) Telephone number            | Email (requir  | ed)  |  |  |
| 4                                       |  |  |  |  |
|   | State A  | 21P ode<br>98 908  |  |  |
|   |  |  |  |  |
| City                                    |  |  |  |  |
| r (TIN) Employer Identifi               | cation Number (EIN)  | WA Unified Business Identifier (UBI)   |  |  |
| ness activity (exactly v                | vhat your busine   | ss or agency does and how  |  |  |
| tw. Sus                                 | tem to U   | erity Registered   |  |  |
| Mubile H                                | trames c   | 1 4  |  |  |
| (1,02,16                                | 201102   |  |  |  |
| All and the second second               | d:-f   |  |  |  |
| Use this space to de                    | scribe how you v   | will contact the owner or  |  |  |
| close it and will not co                | ontact the owner   | . This is required information.  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   | (Area code) Telephone number 509-248-7550 (Area code) Telephone number (TIN) Employer Identification activity (exactly where substitution is activity exactly where substitution is activity (exactly where substitution is activity exactly where substitution is activity (exactly where substitution is activity exactly where substitution is activity (exactly where substitution is activity exactly where substitution is activity (exactly where substitution is activity exactly where substitution is activity exactly where substit | (Area code) Telephone number  SOG-248-7550 (Area code) Telephone number  Email (requirement)  State  State |  |  |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1 1

hannia /utanah apala bas ata

signature of business or organization representative

### Authorities:

# **CITY OF YAKIMA LICENSE**



License # BL076743

UBI# 600213895 # Persons 17

License Fee \$321.15

FOR:

Comm Bus Lic Within City of Yakima

LOCATION: 4710 SUMMITVIEW AVE #204

ISSUED ON:

January 01, 2018

**VALID TO:** 

December 31, 2018

T 0

S S U

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D

FIRST AMERICAN TITLE 4710 SUMMITVIEW AVE #204 **YAKIMA, WA 98908** 

The issuance of this license is a tax on your business activity and does not entitle you to conduct business in violation of any other federal, state or local laws.

#### **CITY OF YAKIMA LICENSE**

NAME: FIRST AMERICAN TITLE

FOR: Comm Bus Lic Within City of Yakima

LICENSE: BL076743

FEE:

\$321.15

EXPIRES:

12/31/2018

NOT TRANSFERABLE

### **CITY OF YAKIMA LICENSE**

RECEIPT

For:

Comm Bus Lic Within City of Yakima

DBA Name:

FIRST AMERICAN TITLE

Location:

4710 SUMMITVIEW AVE #204

**YAKIMA, WA 98902** 

Amount:

\$321.15

Payment Method: Online Payment

License #:

BL076743

Date:

12/26/2017



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Vehicle Records Disclosure Unit Department of Licensing

(360) 570-7895

PO Box 2957

Olympia, WA 98507

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| If you currently have a CPS number, enter it here   | ISa  | 2.02   |  |
|---|--|--|--|
| Company/Agency, name Kainier Dodge  | Inc  | Website<br>WWW.Cas   | i rierdodeje. can                                |
| Contact name. Primary applicant and contract manager  | (Area code) Telephone number 360-754-55                          | 50 criches   | sonarainierdoda                                  |
| Contact name 2 (if applicable) Cosare Johnson   | (Area code) Telephone number 3(40-19-555)                        | er Email (required)  | rainierdodge.c                                   |
| Physical address of business (number and street)  2550 Carriage Lo SU   | )  |  | V  |
| City Olympia  |  | State  | 98502  |
| Mailing address of business (if different)  |  |  |  |
| City  |  | State  | ZIP code   |
| Provide one of Taxpayer Identification Number 1 these identifiers   | ,  | iffication Number (EIN) WA   | A Unified Business Identifier (UBI)              |
| Answer the following Provide a detailed explanation of your primary but you will use the vehicle and vessel records).  Auto Deleter. We use ewners a tegal owner signatures, Also to  |  | cords to   | check reginalist payoff.                         |
| Will you contact the owner for any purpose, providinvestigator, or to any other persons or businessed disclose the information or state that you will not only contact where documentation even paid to contact the provide me intermediate | es? Use this space to disclose it and will not the CUSTO SIGNED. | describe how you will of contact the owner. The many can will be well as the contact the owner. The will may can be well as the contact th | contact the owner or is is reguired information. |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
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- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Signature of business of organization representati

Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name   | Cindy Richeso                           | n Cricheson erainie                              | (Area code) Phone number       |
|---|---|---|--|--------------------------------|
|   | Address, City, State, Zip code 2550 Carriage Losw                           | Olympia WD 98502                        | Subscriber's permissible use<br>CNECK Head owner | for payoff,                    |
|   | Does the subscriber provide information                                     | tion to                                 | used to U nake Sure                              | we have all                    |
|   | an attorney or private investigator?  | Yes V No                                | refeases to sell well                            | (Area code) Phone number       |
| 2 | Rai vier Deagle   | Debra Binian                            | debrabinion @ gmail. a                           | m 360-754-5550                 |
|   | Address, City, State, Zlp code  | SW Olymping WA 92                       | Subscriber's permissible use                     | re we have all                 |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to Yes No                          | proper releases to                               | re we have all<br>sell vehicle |
| 3 | Legal business name   | Contact name                            | *Email   | (Area code) Phone number       |
|   | Address, City, State, Zip code  |   | Subscriber's permissible use                     |                                |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to                                 |  |                                |
| 4 | Legal business name   | Contact name                            | Email  | (Area code) Phone number       |
|   | Address, City, State, Zip code  | 100000000000000000000000000000000000000 | Subscriber's permissible use                     | 1                              |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to                                 |  |                                |
| 5 | Legal business name   | Contact name                            | Email  | (Area code) Phone number       |
|   | Address, City, State, Zlp code  |   | Subscriber's permissible use                     |                                |
|   | Does the subscriber provide informa<br>an attorney or private investigator? | tion to                                 |  |                                |
| 6 | Legal business name   | Contact name                            | Email  | (Area code) Phone number       |
|   | Address, Clty, State, Zip code  |   | Subscriber's permissible use                     |                                |
|   | Does the subscriber provide informa<br>an attorney or private investigator? | ation to                                |  | 90                             |
| 7 | Legal business name   | Contact name                            | Email  | (Area code) Phone number       |
|   | Address, City, State, Zip code  |   | Subscriber's permissible use                     |                                |
|   | Does the subscriber provide informa an attorney or private investigator?    | ation to                                |  |                                |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# **BUSINESS LICENSE**

Unified Business ID #: 600554884 Business ID #: 001

Location: 0001

Expires: Mar 31, 2018

RAINIER DODGE, INC. RAINIER DODGE 2550 CARRIAGE LOOP DR OLYMPIA, WA 98502

UNEMPLOYMENT INSURANCE - ACTIVE RENTAL CAR REGISTRATION #R61375 - ACTIVE MOTOR VEHICLE DEALER #1156 (EXPIRES 10/31/2018) - ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:

OLYMPIA GENERAL BUSINESS #1804 (EXPIRES 10/31/2018) - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable. Washington state, county, and city regulations.

Director, Department of Revenue

Expires: Mar 31, 2018

STATE OF WASHINGTON

UBI: 600554884 001 0001

RAINIER DODGE, INC. RAINIER DODGE 2550 CARRIAGE LOOP DR OLYMPIA, WA 98502 UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE RENTAL CAR REGISTRATION #R61375 - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #1156 (EXPIRES 10/31/2018) - ACTIVE



RPD-224-002 (R/6/17)WA Page 1 of 3

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| If you currently have a CPS number, enter it here _  | 3a   |   |
|--|--|---|
| Company/Agency name DBA Mazoa of Contact name. Primary applicant and contract manager (Area code)  | Everett Website Telephone number Email (require  | a mazaaof   |
| andrea Green (425):  | Telephone number Email (require S3 - 3403 Anarca                                       | bridge everetton  |
| Physical address of business (norther artes)  11409 HWY-99  City EVERETT, WA 98204  425-353-3403  Mailing address of business (if different)   | State  | ZIP code  |
| City   | State  | ZIP code  |
| Provide one of these identifiers  Answer the following Provide a detailed explanation of your primary business activou will use the vehicle and vessel records).   |  |   |
| Will you contact the owner for any purpose, provide the reginvestigator, or to any other persons or businesses? Use this disclose the information or state that you will not disclose it was an issue that | s space to describe how you wand will not contact the owner.  Let Customer  H Weed The | rill contact the owner or This is required information.  If there There |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

1-17-2018

Date and place (county) signed

Signature of business or organization representative

#### Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

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- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

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| 1 | Legal business name TNC Contact name  Contact name  Contact name  Contact name  Contact name | Email  Cashbridge Everett Con  (Area code) Phone number  425-353-3403 |
|---|--|---|
|   | Address, City, State, Zip code   | Subscriber's permissible use  |
|   | Does the subscriber provide information to   | 1   |
|   | an attorney or private investigator?   |   |
| 2 | Legal business name  Share as a bre Dee Lonez  | Lea Nazpaofeverett Com  (Area code) Phone number (475) 353-3403       |
|   | Address, City, State, Zip code 11409 Hwy 99 Everett Wa 9820                                  | Subscriber's permissible use  |
|   | Does the subscriber provide information to an attorney or private investigator?              |   |
| 3 | Legal business name  Contact name  Jennifer McCann   | Tennaccann@everett.com(425) 353-3403                                  |
|   | Address, City, State, Zip code   | Subscriber's permissible use  |
|   | 11409 Hwy 99 Everett, Wa 98004   |   |
|   | Does the subscriber provide information to an attorney or private investigator?              |   |
| 4 | Legal business name Contact name   | Email (Area code) Phone number (425) 353-3403                         |
|   | Same as Above Tony Keel Address, City, State, Zip code                                       | KEELLO MOZDADFEVERETT, COM  |
|   | Same as Ahove  | Subscriber's permissible use  |
|   | Does the subscriber provide information to   | -   |
|   | an attorney or private investigator?   |   |
| 5 | Legal business name Contact name Wazbaof Everett   | Email (Area code) Phone number  |
|   | Address, City, State, Zip code   | Subscriber's permissible use  |
|   | 11409 Hwy 99 Everett, Wa 98204   |   |
|   | Does the subscriber provide information to an attorney or private investigator?              |   |
| 6 | Legal business name Wa Zoa of Contact name   | Email  Mikeo@  Mazoa of evereti(42s) 353-3403                         |
|   | Address, City, State, Zip code   | Subscriber's permissible use  |
|   | 11409-Hwy 99 Everett Na 98204  | Consolidate a permissible use   |
|   | Does the subscriber provide information to an attorney or private investigator?              |   |
| 7 | Legal business name  Legal business name  Legal business name  Legal business name           | Email (Area code) Phone number  |
|   | Address, City, State, Zip code   | Mck@Mazoaofeverett Com  |
|   | 11409 Hwy 99 Evergrey 11/A 9820  | Subscriber's permissible use  |
|   | Does the subscriber provide information to   |   |
|   | an attorney or private investigator?   |   |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# **BUSINESS LICENSE**

Corporation

JRJ AUTO, INC. MAZDA OF EVERETT 11409 HIGHWAY 99 EVERETT, WA 98204

UNEMPLOYMENT INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

Unified Business ID #: 602885976 Business ID #: 001 Location: 0001

Expires: Dec 31, 2018

INDUSTRIAL INSURANCE - ACTIVE MOTOR VEHICLE DEALER #2984 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES: MAZDA OF EVERETT

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

ikk Smith

STATE OF WASHINGTON

UBI: 602885976 001 0001

JRJ AUTO, INC. MAZDA OF EVERETT 11409 HIGHWAY 99 EVERETT, WA 98204

UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #2984 -ACTIVE Expires: Dec 31, 2018



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Fax

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS n   | umber, enter it here 💴       | 10          | oa               |             | 3              |              |                        |       |
|---|------------------------------|-------------|------------------|-------------|----------------|--------------|------------------------|-------|
| Company/Agency name   |                              |             |                  | \ \         | Vebsite        |              |                        |       |
| Contact name. Primary applicant and co  | ntract manager               | 1 '         | Telephone numbe  | 99          | Email (require | d) 5(M)      | yre@BE                 | - U.L |
| Contact name 2 (if applicable)  | ere leest                    |             | Telephone numbe  |             |                | -44          | eleest C               |       |
| Physical address of business (number at   | nd street)                   |             | unil sta         | TP 1        | (080)          | -2           |                        |       |
| City Tokwila  |                              |             |                  | State       | J79            | ZiPo         | 98168                  |       |
| Mailing address of business (if different)  | 7050                         |             |                  |             |                |              |                        |       |
| city Seattle  |                              |             |                  | State _     | 79             | ZIP o        | 98124                  |       |
| Provide one of these identifiers  | Taxpayer Identification Numb | per (TIN)   | Employer Identif | ication Num | nber (EIN)     | WA Unified B | usiness Identifier (UE | 31)   |
| Answer the following Provide a detailed explanation   |                              |             |                  |             |                |              |                        | w     |
| Created U   | vesser records).             | 1/2         | )<br>101 UE      | ref         | ica            | tion         |                        |       |
| Character Co  | D. S. S. L.                  | 91 P        | en la            | me          | ı li           | eno          | ling                   | •     |
| 8/ 6000   | Cultur 9                     |             |                  |             |                |              | O                      |       |
| Will you contact the owner for investigator, or to any other processes the information or o | persons or businesses        | s? Use this | space to de      | scribe h    | ow you w       | ill contact  | the owner or           |       |
| disclose the information or s   | we also an                   | lu C        | onta             | n te        | ed L           | U F          | or a                   | on.   |
| Owners ha<br>loan-onl   | y reach                      | ou          | t to             | Flu         | sec !          | ist          | BECU                   | 1     |
| 15 Wot les  | ted our                      | a li        | en h             | olal        | erc            | w a          | greeo                  | 9     |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years
  from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1        | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |
|----------|---|--------------|-------|------|------------------------------|--------------------------|
|          | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |
|          | robosol only, claid, Elp book   |              |       |      | Donacines a permissione use  |                          |
|          | Does the subscriber provide informa   | tion to      | Π     | Π    |                              |                          |
|          | an attorney or private investigator?  Legal business name                   | Contact name | ☐ Yes | □ No | Email                        | (Area code) Phone number |
| 2        | rada phaniasa nama  | Contact name |       |      | CITION                       | (Area code) Phone number |
|          | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |
|          |   |              |       |      |                              |                          |
|          | Does the subscriber provide informa<br>an attorney or private investigator? | tion to      | Yes   | □ No |                              |                          |
| <u> </u> | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |
| Ŭ        |   |              |       |      |                              |                          |
|          | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |
|          | Does the subscriber provide informa   | tion to      |       |      | <u> </u><br>                 |                          |
|          | an attorney or private investigator?  |              | Yes   | □ No |                              |                          |
| 4        | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |
|          |   |              |       |      |                              |                          |
|          | Does the subscriber provide informa<br>an attorney or private investigator? | tion to      | Yes   | □ No |                              |                          |
| 5        | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |
|          | Address Othe Onto Tip and   |              |       |      |                              |                          |
|          | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |
|          | Does the subscriber provide informa   | tion to      | _     | _    | •                            |                          |
|          | an attorney or private investigator?  |              | Yes   | □ No |                              |                          |
| 6        | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use | •                        |
|          | Does the subscriber provide informa   | tion to      |       |      |                              |                          |
|          | an attorney or private investigator?  | HOIT IO      | Yes   | □ No |                              |                          |
| 7        | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |
|          | ,                                     |              |       |      |                              |                          |
|          | Does the subscriber provide informa   | tion to      |       |      |                              |                          |
|          | an attorney or private investigator?  |              | ☐ Yes | ☐ No |                              |                          |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



### **BUSINESS LICENSE**

Limited Liability Company

SEATTLE POWERSPORTS, LLC LAWLESS HARLEY-DAVIDSON OF RENTON 3715 E VALLEY RD RENTON, WA 98057

UNEMPLOYMENT INSURANCE - ACTIVE
MINOR WORK PERMIT (EXPIRES 10/31/2018) ACTIVE
MOTOR VEHICLE DEALER #10133 - ACTIVE

Unified Business ID #: 603342832
Business ID #: 001
Location: 0001
Expires: Feb 28, 2018

INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE MISCELLANEOUS VEHICLE DEALER #6107 (EXPIRES 10/31/2018) - ACTIVE

**DUTIES OF MINORS:** 

ENTRY LEVEL PART TIME WORK. CASHIERING, CLERICAL, STOCKING PRODUCT, ETC.

### LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

Minors employed in maintenance and repair work must be at least 16 years of age. WAC 296-125-033(5)(a)

REGISTERED TRADE NAMES:

DOWNTOWN HARLEY-DAVIDSON LAWLESS HARLEY-DAVIDSON OF RENTON SEATTLE HARLEY-DAVIDSON

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith

Director, Department of Revenue



### Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in and save it.

Mail

Vehicle Records Disclosure Unit Department of Licensing

PO Box 2957 Olympia, WA 98507 Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here Website Email (required) lawless hd. Lom Contact name 2 (if applicable Physical address of business (number and street City ZIP code Provide one of Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) these identifiers U03342837 6d Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Buy I sell New Used Motorcy des. Verify registered Owner status / Title Status / Liennolder Status Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. NO

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087



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Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

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| If you currently have a CPS nu   | ımber, enter it here _  | 13                                 | a                                    |   |  |                          |  |
|--|---|------------------------------------|--------------------------------------|---|--|--------------------------|--|
| Company/Agency name  |   |                                    |                                      |   | Website  |                          |  |
| PEH SERVICES   |   |                                    |                                      |   |  |                          | OFWA. COM  |
| Contact name. Primary applicant and cor  |   |                                    | Telephone numb                       |   | Email (require   | d)                       | O THE COM  |
| PAUL HILDEBY   | 2AND  | -                                  | 833.30                               | The second division in which the second |  |                          | MA @ JUNO. COM   |
| Contact name 2 (if applicable)   |   | (Area code)                        | Telephone numb                       | oer                                     | Email (require   | d)                       |  |
| Physical address of business (number ar  |   | 0 (2)                              |                                      |   |  |                          |  |
| 5808 SUMMITY   | IEW AVE #1  | 4218                               |                                      |   |  |                          |  |
| YAKIMA   |   |                                    |                                      | State                                   |  |                          | 98908  |
| Mailing address of business (if different)   |   |                                    |                                      |   |  |                          |  |
| City   |   |                                    |                                      | State                                   |  |                          | ZIP code   |
| Provide <b>one</b> of these identifiers  | Flovide offe of   |                                    |                                      | tification N                            | tation Number (EIN) WA Unified Business Identifier (UBI) 603254059 |                          |  |
| Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).  PRIVATE INVESTIGATIONS AND SERVICE OF PROCESS. WILL USE TO IDENTIFY AND VARIETY SUBJECTS WHOM I AM ATTEMPTING TO LOCATE.   |   |                                    |                                      |   |  |                          |  |
| Will you contact the owner for investigator, or to any other produced the information or so the contract of th | persons or businesses<br>tate that you will not d<br>OWNER TO | s? Use thi<br>lisclose it<br>Serve | s space to d<br>and will not<br>Cour | describe<br>contact                     | how you verthe owner.  | vill co<br>This<br>حالات | ntact the owner or is required information.  APPLICABLE. |
| APPLICABLE.  |   |                                    |                                      |   |  |                          |  |

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DDINT or TVDE Name

1.11.2018 YAKIMA

Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087



### **BUSINESS LICENSE**

Sole Proprietorship

PAUL ERIK HILDEBRAND PEH SERVICES 5808 SUMMITVIEW AVE YAKIMA. WA 98908-3095 Unified Business ID #: 603254059

Business ID #: 001 Location: 0001

Expires: Dec 31, 2018

PRIVATE INVESTIGATIVE AGENCY - ACTIVE

TAX REGISTRATION - ACTIVE

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: HILDERBRAND, PAULERIK

REGISTERED TRADE NAMES:
EYE OF WASHINGTON
PEH SERVICES
PRIVATE EYE OF WASHINGTON

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vike Smith

Director, Department of Revenue



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Vehicle Records Disclosure Unit Department of Licensing PO Box 2957

Olympia, WA 98507

(360) 570-7895

Fax

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| Company/Agency name                        |                              |             |                    |                             | Website       |      |                                  |
|--|------------------------------|-------------|--------------------|-----------------------------|---------------|------|----------------------------------|
| Seattle Auto Management, Inc.              |                              |             |                    |                             | mbseattle.com |      |                                  |
| Contact name. Primary applicant and cor    | ntract manager               | (Area code) | Telephone number   |                             | Email (requir | ed)  |                                  |
| Samantha Hicks                             |                              | 206-46      | 7-9999             | samanthahicks@mbseattle.com |               |      |                                  |
| Contact name 2 (if applicable)             |                              | (Area code) | Telephone number   |                             | Email (requir | ed)  |                                  |
| Janelle Markevitch                         |                              | 206-4       | 67-9999            |                             | janel         | lem@ | mbseattle.com                    |
| Physical address of business (number ar    | nd street)                   |             |                    |                             |               |      |                                  |
| 2025 Airport Way South                     |                              |             |                    |                             |               |      |                                  |
| City                                       |                              |             |                    | State                       | State         |      | ZIP code                         |
| Seattle                                    |                              |             |                    | Wa                          |               |      | 98134                            |
| Mailing address of business (if different) |                              |             |                    |                             |               |      |                                  |
| Same as above                              |                              |             |                    |                             |               |      |                                  |
| City                                       |                              |             |                    |                             | State         |      | ZIP code                         |
|  |                              |             |                    |                             |               |      |                                  |
| Provide one of                             | Taxpayer Identification Numb | er (TIN)    | Employer Identific | cation N                    | umber (EIN)   | WA U | nified Business Identifier (UBI) |
| these identifiers                          | 6d                           |             |                    |                             |               |      |                                  |
| Answer the following                       |                              |             |                    |                             |               |      |                                  |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

New and used vehicle sales. Plate searches will be used for verifying the legal owner of a used car before allowing someone to sell or trade a vehicle to us.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

The owner would be in our business in person, so no other contact would be necessary.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that

the foregoing is true and correct.

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| steppe.                                   | Level business   |                    |   |  |  |  |  |
|---|--|--------------------|---|--|--|--|--|
| 1   | Legal business name  | Contact name       | Email   | (Area code) Phone number                 |  |  |  |
|   | Seattle Auto Management, Inc.  Address, City, State, Zip code  | Samantha Hicks     | samanthahicks@mbseattle.com   | 206-467-9999                             |  |  |  |
|   | The comment of the co |                    | Subscriber's permissible use  |  |  |  |  |
|   | 2025 Airport Way South, Seattle,   |                    | Verifying legal owner on vehicles   | that the public wants                    |  |  |  |
|   | Does the subscriber provide informa  | tion to            | to sell or trade into our dealership.   |  |  |  |  |
| KINS HIGH                                 | an attorney or private investigator?   | ☐ Yes ☑ No         |   |  |  |  |  |
| 2   | Legal business name  | Contact name       | Email   | (Area code) Phone number                 |  |  |  |
|   | Seattle Auto Management, Inc.  | Janelle Markevitch | janellem@mbseattle.com  | 206-467-9999                             |  |  |  |
|   | Address, City, State, Zip code<br>2025 Airport Way South, Seattle,   | We 09124           | Subscriber's permissible use  |  |  |  |  |
| THE PARTY OF                              |  |                    | Verifying legal owner on vehicles to sell or trade into our dealership.                       | nat the public wants                     |  |  |  |
|   | Does the subscriber provide informa  |                    | to sell of trade lifto our dealership.  |  |  |  |  |
| 1510                                      | an attorney or private investigator?   | ∐ Yes Lv No        |   |  |  |  |  |
| 3   | Legal business name  | Contact name       | Email   | (Area code) Phone number                 |  |  |  |
|   | Seattle Auto Management, Inc.  | Morten Bjerregaard | mortenb@mbseattle.com   | 206-467-9999                             |  |  |  |
| 74. · · · · · · · · · · · · · · · · · · · | Address, City, State, Zip code   |                    | Subscriber's permissible use  |  |  |  |  |
|   | 2025 Airport Way South, Seattle  |                    | Verifying legal owner on vehicles   | that the public wants                    |  |  |  |
|   | Does the subscriber provide informa an attorney or private investigator?   | tion to            | to sell or trade into our dealership  |  |  |  |  |
|   | Legal business name  | Contact name       | - Frank   |  |  |  |  |
| 4   | Seattle Auto Management, Inc.  | Denis Ivankin      | Email   | (Area code) Phone number                 |  |  |  |
|   | Address, City, State, Zip code   | Denis Ivankin      | denisivankin@mbseattle.com Subscriber's permissible use                                       | 206-467-9999                             |  |  |  |
|   | 2025 Airport Way South, Seattle  | Wa 09124           |   |  |  |  |  |
|   |  |                    | Verifying legal owner on vehicles that the public wants to sell or trade into our dealership. |  |  |  |  |
|   | Does the subscriber provide informa an attorney or private investigator?   | tion to            | to sell of trade into our dealership  | ).                                       |  |  |  |
|   | Legal business name  | Contact name       | Email   | (Area and a) Phana and a                 |  |  |  |
| 5   | Seattle Auto Management, Inc.  | Cole Gorman        | colegorman@mbseattle.com  | (Area code) Phone number<br>206-467-9999 |  |  |  |
|   | Address, City, State, Zip code   |                    | Subscriber's permissible use  |  |  |  |  |
|   | 2025 Airport Way South, Seattle  | e, Wa 98134        | Verifying legal owner on vehicles that the public wants                                       |  |  |  |  |
|   | Does the subscriber provide informa  | tion to            | to sell or trade into our dealership.   |  |  |  |  |
|   | an attorney or private investigator?   | ☐ Yes ☑ No         |   |  |  |  |  |
| 6   | Legal business name  | Contact name       | Email   | (Area code) Phone number                 |  |  |  |
|   | Seattle Auto Management, Inc.  | Blanca Dalida      | blancadalida@mbseattle.com  | 206-467-9999                             |  |  |  |
|   | Address, City, State, Zip code   |                    | Subscriber's permissible use  | •  |  |  |  |
|   | 2025 Airport Way South, Seattle,   | Wa 98134           | Verifying legal owner on vehicles that the public wants                                       |  |  |  |  |
|   | Does the subscriber provide information  |                    | to sell or trade into our dealers   | nip.                                     |  |  |  |
|   | an attorney or private investigator?   | ☐ Yes Li⁄ No       |   |  |  |  |  |
| 7   | Legal business name  | Contact name       | Email   | (Area code) Phone number                 |  |  |  |
|   | Seattle Auto Management, Inc.  | Emily Soma         | emilysoma@mbseattle.com   | 206-467-9999                             |  |  |  |
| Sign.                                     | Address, City, State, Zip code   |                    | Subscriber's permissible use  |  |  |  |  |
|   | 2025 Airport Way South, Seattle, Wa 98   |                    | Verifying legal owner on vehicles that the public wants                                       |  |  |  |  |
|   | Does the subscriber provide informa  |                    | to sell or trade into our dealership.   |  |  |  |  |
|   | an attorney or private investigator?   | ∐ Yes Li∡ No       |   |  |  |  |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



### **BUSINESS LICENSE**

Corporation

SEATTLE AUTO MANAGEMENT, INC. MERCEDES BENZ OF SEATTLE 2025 AIRPORT WAY S SEATTLE, WA 98134

**UNEMPLOYMENT INSURANCE - ACTIVE** TAX REGISTRATION - ACTIVE

Unified Business ID #: 603154792 Business ID #: 001

Location: 0001 Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE MOTOR VEHICLE DEALER #0221 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

**REGISTERED TRADE NAMES:** MERCEDES BENZ OF SEATTLE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



### Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

13a

| If you currently have a CPS number, enter it here $\_$                 | 13a  | <del>_</del>                                  |
|--|--|---|
| Company/Agency name EAN HOLDINGS LLC                                   |  | Website                                       |
| Contact name. Primary applicant and contract manager SUSAN THAYER      | (Area code) Telephone number 503-862-5259  | Email (required) Strayeral evac.com           |
| Contact name 2 (if applicable)  CHRISTOPHER FRY                        | A Company of the Comp | Email (required) Christopher. m.fry aeti. cov |
| Physical address of business (number and street)  8008 NE FOURTH PLAIN |  | 772 214                                       |

City VANCOUVER State 21P code 98662

Mailing address of business (if different)

20400 SW TETON AVE

TUALATIN

Provide one of these identifiers

Taxpayer Identification Number (TIN)

Taxpayer Identification Number (EIN)

Employer Identification Number (EIN)

WA Unilied Business Identifier (UBI)

602 907 681

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

SELL AND PURCHASE VEHILLES AS WELL AS PROVIDE RENTAL CARS

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

TO NOTIFY THEM THAT A LIEN WAS PLACED ON THEIR VEHICLE AND WE COULD NOT ACCEPT THE TRADE AT THIS TIME. (BY EMAIL AND PHONE)

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional S2 for each record accessed. Government entities are exempt from the S2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

CHRISTOPHER PRINT OF TYPE NAME

Signature of business organism on represental

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

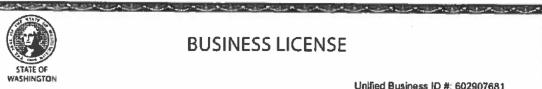
| 1 | Legal business name EAN HOLDINGS LLC   | Contact name  ANSSE CRUCKSH           | Email alysse.M.  Cruickshand  | (Area code) Phone number 503-862-526 |  |  |
|---|--|---------------------------------------|---|--------------------------------------|--|--|
|   | Address, City, State, Zip code<br>20400 Sw Teton A                           | Tiolelle of                           | Subscriber's permissible use Checking records for a ghost             |                                      |  |  |
|   | Does the subscriber provide informa<br>an attorney or private investigator?  |                                       | lien being put or   | GO a VETUELE                         |  |  |
| 2 | Legal business name EAN HOLDINGSULC  | Contact name<br>SUSAN THATER          | Email Sthayera) Erac. Lon   | (Area code) Phone number 503-862-525 |  |  |
|   | Address, City, State, Zip code<br>204-00 6W Teton                            | Ave, Tualatin or 97062                | Subscriber's permissible use<br>Checking records<br>lien being put on |                                      |  |  |
|   | Does the subscriber provide informa<br>an attorney or private investigator?  | tion to Yes No                        | lien being put on   | to a venicle                         |  |  |
| 3 | Legal business name  | Contact name                          | Email   | (Area code) Phone number             |  |  |
|   | Address, City, State, Zip code   | , , , , , , , , , , , , , , , , , , , | Subscriber's permissible use  | 7.                                   |  |  |
|   | Does the subscriber provide information an attorney or private investigator? | tion to                               |   |                                      |  |  |
| 4 | Legal business name  | Contact name                          | Email   | (Area code) Phone number             |  |  |
|   | Address, City, State, Zip code   | - Water                               | Subscriber's permissible use  | -                                    |  |  |
|   | Does the subscriber provide informat an attorney or private investigator?    | tion to                               |   |                                      |  |  |
| 5 | Legal business name  | Contact name                          | Email   | (Area code) Phone number             |  |  |
|   | Address, City, State, Zip code   |                                       | Subscriber's permissible use  |                                      |  |  |
|   | Does the subscriber provide informal an altorney or private investigator?    | tion to Yes No                        |   |                                      |  |  |
| 6 | Legal business name  | Contact name                          | Email   | (Area code) Phone number             |  |  |
| ĵ | Address, Cily, State, Zip code   |                                       | Subscriber's permissible use  | 776 541                              |  |  |
|   | Does the subscriber provide informal an attorney or private investigator?    | lion to                               |   |                                      |  |  |
| 7 | Legal business name  | Contact name                          | Email   | (Area code) Phone number             |  |  |
|   | Address, City, State, Zip code   |                                       | Subscriber's permissible use  | 1                                    |  |  |
|   | Does the subscriber provide informat an attorney or private investigator?    | ion to                                |   |                                      |  |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



EAN HOLDINGS, LLC **ENTERPRISE RENT A CAR** 20400 SW TETON AVE TUALATIN OR 97062-8812

DETACH BEFORE POSTING



### **BUSINESS LICENSE**

**Limited Liability Company** 

EAN HOLDINGS, LLC ENTERPRISE RENT A CAR 8008 NE FOURTH PLAIN RD STE 370 VANCOUVER, WA 98662-7797

Unified Business ID #: 602907681 Business ID #: 001 Location: 0103 Expires: Feb 28, 2018

UNEMPLOYMENT INSURANCE - ACTIVE RENTAL CAR REGISTRATION #R61338 - ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS: VANCOUVER GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES: ENTERPRISE RENT A CAR

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

STATE OF WASHINGTON

UBI: 602907681 001 0103

EAN HOLDINGS, LLC ENTERPRISE RENT A CAR 8008 NE FOURTH PLAIN RD STE VANCOUVER, WA 98562-7797

UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE RENTAL CAR REGISTRATION #R61338 - ACTIVE TAX REGISTRATION - ACTIVE VANCOUVER GENERAL BUSINESS -ACTIVE

Expires: Feb 28, 2018



### Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Fax

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application,

13a

| lf۱  | you currently | have a | CPS  | number    | enter it  | here  |  |
|------|---------------|--------|------|-----------|-----------|-------|--|
| 11 3 | you can entry | nave a | OF 3 | Hulliber, | elifel if | 11010 |  |

Company/Agency name Website Title Guaranty Company of Lewis County Contact name, Primary applicant and contract manager (Area code) Telephone number Email (required) 360-748-0001 Meri Hamre meri@titlegco.com Contact name 2 (if applicable) (Area code) Telephone number Email (required) 360-748-0001 Halie Brown halie@titlegco.com Physical address of business (number and street) 200 NW Pacific Ave City State ZIP code Chehalis WA 98532 Mailing address of business (if different) PO Box 1304 City State ZIP code Chehalis WA. 98532 Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of these identifiers 212 002 790 6dAnswer the following

Allawei the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We are a title insurance and escrow company, insuring and closing real estate transactions (i.e. sales/purchases, refinances) in Lewis County, Washington.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We would contact the owner via phone, email or letter. In order to complete a real estate transaction and transfer ownership of mobile home, we must obtain original title and release documents and signatures from legal owners.

NO, we do not disclose this information to any third parties that have not been disclosed to be a part of the transaction.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Meri Hamre, Manager PRINT or TYPE Name

-18 1 and 0 a

Pate and place (county) signed

Signature of pusiness or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087



MASTER LICENSE SERVICE PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400

### **REGISTRATIONS AND LICENSES**

Domestic Profit Corporation

Unified Business ID #: 212 002 790

Business ID #: 1

Location: 1

TITLE GUARANTY COMPANY OF LEWIS COUNTY TITLE GUARANTY CO OF LEWIS COUNTY 200 NW PACIFIC AVE CHEHALIS WA 98532 0290

TAX REGISTRATION INDUSTRIAL INSURANCE UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS: Not licensed to hire persons under age 18 at this location.

The licensee named above has been lesued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his of her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.





### LEGAL ENTITY REGISTRATION

TITLE GUARANTY COMPANY OF LEWIS COUNTY 200 NW PACIFIC AVE CHEHALIS, WA 98532

Unified Business ID #: 212002790

Expiration: Feb-28-2018

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State



### **Vehicle/Vessel On-line Access** Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) ivips@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above)

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

| Company/Agency name BSH INC DBA BOAT COUNTRY  |                       |              |  |   | Website WWW.BOATCOUNTRY.COM |  |                     |  |  |
|---|-----------------------|--------------|--|---|-----------------------------|--|---------------------|--|--|
| Contact name. Primary applicant and contract manager SHANNON HAWLEY   |                       |              | (Area code) Telephone number<br>(425) 259-6126 |   |                             | Email (required) shannon@boatcountry.com |                     |  |  |
| Contact name 2 (if applicable)  |                       | (Area code   | ) Telephone number                             | r   | Email (require              | ed)                                      |                     |  |  |
| Physical address of business (number an 1871 ROSS AVE #A  | d street)             |              |  |   | I                           |  |                     |  |  |
| City<br>EVERETT   |                       |              |  | State<br>WA   |                             |  | ZIP code<br>98201   |  |  |
| Mailing address of business (if different)  |                       |              |  |   |                             |  |                     |  |  |
| City  |                       |              |  | State   |                             |  | ZIP code            |  |  |
| Provide one of these identifiers  |                       |              |  | ication Number (EIN) WA Unified Business Identifier (UBI) 601736271 |                             |  |                     |  |  |
| Answer the following Provide a detailed explanatio you will use the vehicle and v   | on of your primary bu | ısiness acti | vity (exactly w                                | hat y   | our busine                  | ss or a                                  | agency does and how |  |  |
| SALES OF NEW, USED & CONSIGNMENT BOATS & TRAILERS. VEHICLE AND VESSEL RECORDS WILL BE USED TO PROVE OWNERSHIP OF REG & LEGAL OWNER FOR SALE OF BOATS AND TRAILER. ALSO USED TO SEE IF LEGAL HAS RELEASED THEIR INTEREST AFTER WE HAVE MADE PAYOFF WHEN WE ARE WAITING FOR TITLES. |                       |              |  |   |                             |  |                     |  |  |
| Will you contact the owner fo<br>investigator, or to any other p<br>disclose the information or st  | ersons or businesse   | s? Use this  | s space to des                                 | scribe  | how you v                   | vill cor                                 | ntact the owner or  |  |  |
| WE WILL NOT DISCLOSE  | E OR CONTACT O        | WNER.        |  |   |                             |  |                     |  |  |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- · Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - · Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - · Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

SHANNON HAWLEY
PRINT OF TYPE Name

09/28/2016

Date and place (county) signed

Signature of business or organization representative

### Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

### Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

| 1 Legal business name   |                                |                 |  |  |  |  |  |
|---|--------------------------------|-----------------|--|--|--|--|--|
| Legal business flame  |                                |                 |  |  |  |  |  |
| Address, City, State, ZIP code  |                                |                 |  |  |  |  |  |
| Contact name  | 10                             |                 |  |  |  |  |  |
| Someofiliams  | (Area code) Telephone number   | Email           |  |  |  |  |  |
| Providing information   |                                |                 |  |  |  |  |  |
| Does the subscriber provide information to an a   | attorney or private investigat | tor? 🗆 Yes 🗀 No |  |  |  |  |  |
| Subscriber's permissible use  |                                |                 |  |  |  |  |  |
| 2 Legal business name   |                                |                 |  |  |  |  |  |
| Address, City, State, ZIP code  |                                |                 |  |  |  |  |  |
| Contact name  |                                |                 |  |  |  |  |  |
| Contact name  | (Area code) Telephone number   | Email           |  |  |  |  |  |
| Providing information   | L                              |                 |  |  |  |  |  |
| Does the subscriber provide information to an a   | attorney or private investigat | or? 🗆 Yes 🗆 No  |  |  |  |  |  |
| Subscriber's permissible use  |                                |                 |  |  |  |  |  |
|   |                                |                 |  |  |  |  |  |
| 3 Legal business name   |                                |                 |  |  |  |  |  |
| Address, City, State, ZIP code  |                                |                 |  |  |  |  |  |
| Contact name  |                                |                 |  |  |  |  |  |
| Contact name  | (Area code) Telephone number   | Email           |  |  |  |  |  |
| Providing information   |                                |                 |  |  |  |  |  |
| Does the subscriber provide information to an a   | ttorney or private investigate | or? 🗆 Yes 🗀 No  |  |  |  |  |  |
| Subscriber's permissible use  |                                |                 |  |  |  |  |  |
| 4 Legal business name   |                                |                 |  |  |  |  |  |
|   |                                |                 |  |  |  |  |  |
| Address, City, State, ZIP code  |                                |                 |  |  |  |  |  |
|   |                                |                 |  |  |  |  |  |
| Contact name  | (Area code) Telephone number   | Email           |  |  |  |  |  |
| Providing information   |                                |                 |  |  |  |  |  |
| Does the subscriber provide information to an attorney or private investigator?   Yes  No |                                |                 |  |  |  |  |  |
| Subscriber's permissible use  |                                |                 |  |  |  |  |  |
|   |                                |                 |  |  |  |  |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



### **BUSINESS LICENSE**

Corporation

B.S.H. INC. BOAT COUNTRY 1871 ROSS AVE EVERETT, WA 98205

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE
MISCELLANEOUS VEHICLE DEALER #6467 - ACTIVE

Unified Business ID #: 601736271 Business ID #: 001 Location: 0001

Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE VESSEL DEALER #8669 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES: BOAT COUNTRY

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



### LEGAL ENTITY REGISTRATION

B.S.H. INC. 1871 ROSS AVE STE A EVERETT, WA 98201-8668

Unified Business ID #: 601736271

Expiration: Oct-31-2018

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

tin Ugna

Secretary of State



### Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS number, enter it here | 13a |  |
|---|-----|--|
|---|-----|--|

| Company/Agency name   |                              |                              |                     |                    | Website                                |                                  |  |  |
|---|------------------------------|------------------------------|---------------------|--------------------|--|----------------------------------|--|--|
| JACK CARROLL'S SKAGIT HYUNDAI   |                              |                              |                     |                    |  |                                  |  |  |
| Contact name. Primary applicant and contract manager (Area code) Telephone number |                              |                              |                     |                    | ed)                                    |                                  |  |  |
| PAM LOMSDALEN   |                              |                              | 7-7057              |                    | Email (required) pam@skagithyundai.com |                                  |  |  |
| Contact name 2 (if applicable)  |                              | (Area code) Telephone number |                     | Email (requir      |  | ,                                |  |  |
|   |                              | (                            | , respirate names   | Zinan (roquii      | ou,                                    |                                  |  |  |
| Physical address of business (number a  | nd street)                   |                              |                     |                    |  |                                  |  |  |
| 1313 GOLDENROD RD   |                              |                              |                     |                    |  |                                  |  |  |
| City  |                              |                              |                     | State              |  | ZIP code                         |  |  |
| BURLINGTON  |                              |                              |                     | WA                 |  | 98233                            |  |  |
| Mailing address of business (if different)  |                              |                              |                     |                    |  | 70200                            |  |  |
|   |                              |                              |                     |                    |  |                                  |  |  |
| City  |                              |                              |                     | State              |  | ZIP code                         |  |  |
|   |                              |                              |                     | Oldic              |  | ZIF Code                         |  |  |
| Provide one of  | Taxpayer Identification Numb | er (TIN)                     | Employer Identifica | ation Number (EIN) | WAU                                    | nified Business Identifier (UBI) |  |  |
| these identifiers   |                              |                              |                     | (=1.1)             |  | 562604                           |  |  |
| Answer the following  |                              |                              |                     |                    |  |                                  |  |  |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

NEW/USED AUTO DEALERSHIP. WE USE IVIPS TO VERIFY LEGAL AND REGISTERED OWNERS ON USED VEHICLES BEING TRADED IN TO OUR DEALERSHIP.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

WE HAVE NO NEED TO DISCLOSE INFORMATION TO ANYONE OUTSIDE OF OUR COMPANY.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PAM LOMSDALEN

PRINT or TYPE Name

01/05/2018 SKAGIT

Date and place (county) signed

x Pam Jomsdalen

Signature of business or organization representative

### Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087



### **BUSINESS LICENSE**

Corporation

Unified Business ID #: 602562604 Business ID #: 001

Location: 0002

Expires: Dec 31, 2018

JACK CARROLL'S LINCOLN MERCURY, INC. JACK CARROLL'S SKAGIT HYUNDAI 1313 GOLDENROD RD **BURLINGTON, WA 98233-3445** 

**UNEMPLOYMENT INSURANCE - ACTIVE** TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE MOTOR VEHICLE DEALER #7800 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES: JACK CARROLL'S SKAGIT HYUNDAI

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Director, Department of Revenue



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Print and scan or upgrade to
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Department of Licensing
PO Box 2957

Olympia, WA 98507

**Fax** (360) 570-7895

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| If you currently have a CPS number, enter it here _  | 13a   |                    | <del>-</del>   |                               |                                      |
|--|---|--------------------|--|-------------------------------|--------------------------------------|
| Company/Agency name tharborstone Credit Union  |   |                    | https://www.harberstone.com                          |                               |                                      |
| Contact name. Primary applicant and contract manager Beverly Uzama   | (Area code) Telephone number (Q63) 983-702      |                    | Email (required) beverly, lizarna & harborstone. Com |                               |                                      |
| Contact name 2 (Lapplicable)  Ruth Brooks  | (Area cade) Telephone number (253) 988 - 968    | 33                 | ruth brooks @ harborstone.com                        |                               |                                      |
| Physical address of business (number and street)  Physical address of business (number and street)  Lake Dr.   | Sw  |                    |  |                               |                                      |
| City Tacoma  | Sta   |                    | P  | ZIP code                      | ZIP code 98499                       |
| Mailing address of business (if different) 4207  |   |                    |  |                               |                                      |
| Tacoma   |   | State              | State WA ZIP code 98438                              |                               |                                      |
| Provide <b>one</b> of these identifiers  Taxpaver Identification Number 66   | er (TIN) Employer Identi                        | fication No        | Number (EIN) WA Unified Business Identifier (UBI)    |                               |                                      |
| Answer the following Provide a detailed explanation of your primary bust you will use the vehicle and vessel records). Dur of vehicles / vessels. We will use holder and registered owners                                 | the records                                     | iness<br>pul       | activity led to 1                                    | renify when                   | he financing<br>the lien<br>no title |
| or registration is provided. Al  | so to check                                     | for                | any tit  | te brau                       | nding.                               |
| Will you contact the owner for any purpose, provide investigator, or to any other persons or businesses disclose the information or state that you will not did we will only contact the will not provide the information. | ? Use this space to de sclose it and will not c | escribe<br>contact | how you will<br>the owner. T                         | l contact the<br>his is requi | e owner or red information.          |

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  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
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By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087



### MASTER LICENSE SERVICE

PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400

### REGISTRATIONS AND LICENSES

Unified Business ID #: 601 153 926

Business ID #: 1

Location: 1

HARBORSTONE CREDIT UNION 9611 GRAVELLY LAKE DR SW LAKEWOOD WA 98499

INDUSTRIAL INSURANCE

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire persons under age 18 at this location.

The ficensee named above has been issued the business registrations or ficenses listed. By accepting this document the ficensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Eli Wette A- Luce
Director, Department of Licensing



COMMENTS:

| SUBJECT: | Dawkins Renews!                 | :BTAQ   | January 2, 2018                |
|----------|---------------------------------|---------|--------------------------------|
| PHONE:   | 1004-936-096                    | :BNONE: | 9793-878-503                   |
| :XA3     | 3687-078-08                     | FAX:    | enoM                           |
| :ОТ      | Vehicle Records Disclosure Unit | :мояз   | Clyde D Dawkins Auto Recycling |

If we need anything else for our renewal please notify us. Attached is our contract Application renewal. We finally received our current Dismantler Certificate.

9499-648-609 Clyde D Dawkins Auto Recycling Sherry Dawkins

### Contract Application-CPS Vehicle/Vessel On-line Access



application by email, mall or fax, and allow 14 businese days for processing. service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this

9687-078 (08E) XB7

7862 xo8 O9 Department of Licensing Vehicle Records Disclosure Unit

70386 AW , sigmylO and save it. Adobe Reader XI or above to fill it in Print and scan or upgrade to cps@dol.wa.gov (tsekbitup) Hama

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html Do not use this form for personal or individual record requests.

approved. See Authorities at the bottom of Page 2 of this application. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure We are committed to protecting personal information. Records and personal information are released in compliance with

ZIP code State CIIÀ M.D-(if different) くくとく Poboo als Website If you currently have a CPS number, enter it here 13a

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you will use the vehicle and vessel records). Provide a detalled explanation of your primary business activity (exactly what your business or agency does and how

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with many nog that sout sout owner matica that we have ushing, disclose the information or state that you will not disclose it and will not contact the owner. This is required information. investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or Will you contact the owner for any purpose, provide the registration record information to an attorney or private

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E to 1 ega4 AW(Y1\8\A) \$00-1\$5-04A

.(5)(1)369.S1.84 WOR —erenvo laulvidual or sesses and addresses of individual owners— RCW contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business

a sample notification letter. to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to

benalties —RCW 46.12.640, imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in

criminal fines under the DPPA, representation to obtain any personal information from an individual's motor vehicle record is also subject to federal Knowingly making a false statement or concealing a material fact required in this application or making false

accessed. Government entities are exempt from the \$2 fee. Contract holders are involced monthly. CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record

### Submit the following documentation with your application:

- Washington State business -- Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
- Your current business license or
- Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN) A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
- Non-profit organization or corporation Attach a legible copy of one of the following:
- Your Articles of Incorporation, filed with the Secretary of State or
- Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney -- Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

the foregoing is true and correct. By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that

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SethorituA

Washington Administrative Code (WAC) 308-10-075, 308-93-087 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725

6 to 9 agest AW(T1\8\A) \$00-659-04A

### gsch data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all aubacribera
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occure first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of ineurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

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|---|--|-----------------------------|-------|------------------------------|------------------------------|---------------------------|
|   | Address, City, State, Zip code   |                             |       |                              | Subscriber's permissible use |                           |
| Ł | Legal businese name  | emen tostnoO                |       |                              | llama                        | Area code) Phone number   |
|   | Does the subscriber provide information at alloring or private investigator?     |                             | aeY □ | ои 🗀                         |                              |                           |
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|   | Dose the subscriber provide informat<br>an attorney or private investigator?     | " "                         | 86Y 🔲 | oN □                         |                              |                           |
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|   | os the subscriber provide information to or private investigator?                |                             |       | oN 🗌                         |                              |                           |
|   | Addrese, Olly, State, Zip code   |                             |       |                              | Subscriber's permissible use |                           |
| ε | ге <b>д</b> а; рлеји <b>е</b> ве изше  | eman tostnoo                |       |                              | [PWB]                        | redmun enorid (ebec gerA) |
|   | Boes the aubscriber provide informa<br>an aftorney or private investigator?      | o) noi                      | sey 🗀 | oN □                         |                              |                           |
|   | Address, City, State, Zip code   |                             |       | Subscriber's permissible use |                              |                           |
| z | Legal business name  | emen tostnoO                |       |                              | liem3                        | Aroa code) Phone number   |
|   | Does the subscriber provide informs an attorney or private investigator?         | o) volt                     | sey 🗆 | ои □                         |                              |                           |
|   | Address, City, State, Zip code   | ress, City, State, Zip code |       |                              | Subscriber's permiselbie use |                           |
| L | eman eseniaud เลยูง่   | eman foatnoO                |       |                              | ilem∃                        | (Area code) Phone number  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of

6 to 6 agost AW(Y1/8/A) \$00-652-09A

5

### Jan.02.2018

# DISMANTLER CERTIFICATE

### WR3016

EXPIRES: DECEMBER 31, 2020 EFFECTIVE: JANUARY 1, 2018

**Issued** To:

## CLYDE D DAWKINS

DBA: CLYDE D. DAWKINS AUTO RECYCLING

*49250 SW HEBO RD* 

## GRAND RONDE OR 97347

This business is authorized to engage in buying, selling, or dealing in vehicles for the purpose of dismantling in the state of Oregon under the provisions of ORS 822.110, and to exercise privileges granted by certificate under the provisions of ORS

location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050. To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other

Driver and Motor Vehicle Servi Department of Transportation Solem OR 97314 \* ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE \*



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing

(360) 570-7895

Fax

PO Box 2957 Olympia, WA 98507

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS no             | umber, enter it here .      | 13a         |                    |                    |            |                                   |
|--|-----------------------------|-------------|--------------------|--------------------|------------|-----------------------------------|
| Company/Agency name                        | The same again              | - L         | 4 ,                | Website            |            |                                   |
| Lower Columbia                             | rond shower of              | us F        |                    |                    |            |                                   |
| Contact name. Primary applicant and con    | ntract manager              | (Area code  | ) Telephone number | Email (re          | quired)    | 1-1811 D.M                        |
| June Brewer                                |                             | 300. A      | 23-2770            |                    |            | icifcu.org                        |
| Contact name 2 (if applicable)             |                             | '           | ) Telephone number | Email (re          | quired)    | 1-10-                             |
| REDOIN Cams                                |                             | 300-        | 123-2770           | Con                | 15 @       | lufculorg                         |
| Physical address of business (number a     |                             |             |                    |                    |            | J                                 |
| 639 14D AVE                                |                             |             |                    |                    |            | T                                 |
| City                                       |                             |             |                    | State              |            | 21P code<br>98633                 |
| largnew                                    |                             |             |                    | WH                 |            | 70020                             |
| Mailing address of business (if different) |                             |             |                    |                    |            |                                   |
| City                                       |                             |             |                    | State              |            | ZIP code                          |
| l only                                     |                             |             |                    |                    |            |                                   |
| Provide one of                             | Taxpayer Identification Num | ber (TIN)   | Employer Identific | cation Number (EIN | J) WA      | Unified Business Identifier (UBI) |
| these identifiers                          |                             |             | 60                 | i                  |            |                                   |
| Answer the following                       |                             |             |                    |                    |            |                                   |
| Provide a detailed explanation             | on of your primary but      | siness act  | ivity (exactly w   | /hat your busi     | ness or    | agency does and how               |
| you will use the vehicle and               | vessel records).            |             |                    |                    |            |                                   |
| Verifying title to release of              | ransfere to                 | secu        | rc the             | credit '           | vio        | ns authorst                       |
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| or release of                              | ntelest 4                   |             |                    | Succes             | and        |                                   |
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|  |                             |             |                    |                    |            |                                   |
|  |                             |             |                    | 1.1 f = = M =      |            | town as a spiroto                 |
| Will you contact the owner for             | or any purpose, provid      | de the reg  | istration record   | d information      | to an at   | torney or private                 |
| investigator, or to any other              | persons or businesse        | s? Use th   | is space to de     | scribe now yo      | u WIII CC  | ontact the owner of               |
| disclose the information or s              | tate that you will not o    | disclose it | and will not co    | ontact the owi     | ier. Triis | s is required information.        |
| 1100 000 11 000                            | inde the s                  | asista      | a with             | bras o             | to ou      | is allowey                        |
| we may pro                                 | ,                           | 0.5         |                    |                    |            | Red booner                        |
| is needed of                               | ue to col                   | actio       | water              | re and             | y no       | UN SILV                           |
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When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
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- Non-profit organization or corporation -- Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087

Help

Revenue of Revenue Volate

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Previous search

Ием ѕеятсh

LOWER COLUMBIA LONGSHOREMEN FED CREDIT UNION

Business License Lookup

му рок

License Information:

Eutity usine: LOWER COLUMBIA LONGSHOREMEN FED CREDIT UNION

Business name: LOWER COLUMBIA LONGSHOREMEN FED CREDIT UNION

Entity type: Corporation
UBI: 601-134-022 Business ID: 001

Location: Open

Status: To check the status of this company, go to the link(s) below:

Department of Revenue. This entity is not registered with Washington Secretary of State.

Location and Mailing address:

LONGVIEW, WA, 98632

Information current as of 12/12/2017 1:10:40 PM

Location ID: 0001

Contact us

Your Privacy  $\otimes$  2017 Washington State Department of Revenue and its licensors. All rights reserved.

12/12/2017

# State Business Records Database Detail Washington State Department of Revenue

**FOR NON-COMMERCIAL USE ONLY** 

ACCOUNT CLOSED: OPEN ACCOUNT OPENED:7/26/1992

: 180 TAX REGISTRATION NO : NON-REVENUE

**601134022** 

: 3MAN YTTTN3

LOWER COLUMBIA LONGSHOREMEN FED CREDIT UNION

BUSINESS NAME:

**ENTITY TYPE: CORPORATION** RESELLER PERMIT NO: N/A

A/N PERMIT EXPIRES: PERMIT EFFECTIVE: A\N NOITINHED 201AN 066666 : 3000 20IAN

12/12/2017 1:11 PM



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

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| If V | /OU | currently | have | a | CPS | number. | enter it l | nere |
|------|-----|-----------|------|---|-----|---------|------------|------|
|------|-----|-----------|------|---|-----|---------|------------|------|

13a

|   | the second secon |                     |                               |                       |   |        |                                  |
|---|--|---------------------|-------------------------------|-----------------------|---|--------|----------------------------------|
| Company/Agency name LIII, Inc dba Consumer Au     | uto Liquidators  | ,                   |                               |                       | Website<br>WWW.C                        | alcars | com                              |
| Contact name. Primary applicant and Sara Calloway | contract manager   | (Area cod<br>509-24 | e) Telephone number<br>4-2277 |                       | Email (require                          |        | alcas.com                        |
| Contact name 2 (if applicable)                    |  |                     | e) Telephone number           | TO THE REAL PROPERTY. | Email (require                          | ed)    |                                  |
| Teri Rohweder                                     |  | 509-24              | 4-2277                        |                       | teri@ca                                 | lcars. | com                              |
| Physical address of business (number              | er and street)   |                     |                               |                       |   |        |                                  |
| 10828 W Sunset Hwy                                |  |                     |                               |                       |   |        |                                  |
| City  |  |                     |                               | State                 |   |        | ZIP code                         |
| Airway Heights                                    |  |                     |                               | WA                    |   |        | 99001                            |
| Mailing address of business (if differe           | nt)  |                     |                               |                       |   |        |                                  |
| City  |  |                     |                               | State                 | *************************************** |        | ZIP code                         |
| Provide one of                                    | Taxpayer Identification N  | umber (TIN)         | Employer Identifica           | ation N               | umber (EIN)                             | WAU    | nified Business Identifier (UBI) |
| these identifiers                                 | 6d   |                     |                               |                       |   |        | 9                                |
| Answer the following                              |  |                     |                               | -                     |   | -      |                                  |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Used Automotive Sales, Retail and Wholesale. CPS is usedsed to verify ownership of vehicles, leinholder, and title status of vehicles/vessels when traded in during a retail sale or purchase.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Information will not be disclosed to any other persons or businesses.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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- Business outside Washington State Attach a legible copy of one of the following:
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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Sara Calloway, Controller

PRINT or TYPE Name

VA

Signature or business or organization representative

12-8-17 Spokane County, WA

Date and place (county) signed

#### Authorities:

## Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|            | Legal business name  | Contact name  |        | *************************************** | Email  | (Area code) Phone number      |  |  |  |
|------------|--|---------------|--------|---|--|-------------------------------|--|--|--|
| 1          | LIII, Inc.   | Sara Callo    | )W2W   |   | scalloway@calcars.com  |                               |  |  |  |
|            | Address, City, State, Zip code   | Todia Calic   | way    | <del></del>                             | Subscriber's permissible use   |                               |  |  |  |
|            | 10828 W Sunset Hwy, Airway Heights, WA 99001                                 |               |        |   | Vehicle/Vessel search to confirm ownership, leinholder and title status of vehicles/vessels traded in during a |                               |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
| To and     | Does the subscriber provide information an attorney or private investigator? | ation to      | T Vac  | X No                                    | retail sale or purchase.   | vessels traded in during a    |  |  |  |
|            | Legal business name  | Contact name  | L 165  | 1221 140                                | Email  | (4                            |  |  |  |
| 2          | LIII, Inc.   |               | do.,   |   |  | (Area code) Phone number      |  |  |  |
|            | Address, City, State, Zip code   | Teri Rohwe    | der    |   | teri@calcars.com Subscriber's permissible use  | 509-244-2277                  |  |  |  |
|            |  | 110:0040 1040 | 00004  |   |  |                               |  |  |  |
| eperturing | 10828 W Sunset Hwy, Airway   |               | 99001  |   | venicle/vessel search to   | confirm ownership, leinholder |  |  |  |
|            | Does the subscriber provide information an attorney or private investigator? | ation to      | Yes    | N-                                      | retail sale or purchase.   | s/vesels traded in during a   |  |  |  |
|            | Legal business name  | Contact name  | LJ Yes | TX1 IAO                                 |  |                               |  |  |  |
| 3          | Legal business name  | Contact name  |        |   | Email  | (Area code) Phone number      |  |  |  |
|            | Address, City, State, Zip code   |               |        |   |  |                               |  |  |  |
|            | Address, City, State, Zip code   |               |        |   | Subscriber's permissible use   |                               |  |  |  |
|            |  |               |        | *************************************** |  |                               |  |  |  |
|            | Does the subscriber provide informa  | ation to      |        | П.,                                     |  |                               |  |  |  |
|            | an attorney or private investigator?   |               | L Yes  | L No                                    |  |                               |  |  |  |
| 4          | Legal business name  | Contact name  |        |   | Email  | (Area code) Phone number      |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
|            | Address, City, State, Zip code   |               |        | Subscriber's permissible use            |  |                               |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
| Per-       | Does the subscriber provide information                                      | ation to      |        |   |  |                               |  |  |  |
|            | an attorney or private investigator?   | 7             | L Yes  | L No                                    |  |                               |  |  |  |
| 5          | Legal business name  | Contact name  |        |   | Email  | (Area code) Phone number      |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
|            | Address, City, State, Zip code   |               |        |   | Subscriber's permissible use   |                               |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
|            | Does the subscriber provide information                                      | ation to      |        |   |  |                               |  |  |  |
|            | an attorney or private investigator?   |               | L Yes  | L No                                    |  |                               |  |  |  |
| 6          | Legal business name  | Contact name  |        |   | Email  | (Area code) Phone number      |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
|            | Address, City, State, Zip code   |               |        |   | Subscriber's permissible use   |                               |  |  |  |
|            |  |               |        | VIII                                    |  |                               |  |  |  |
|            | Does the subscriber provide information                                      | ation to      |        |   |  |                               |  |  |  |
|            | an attorney or private investigator?   |               | L Yes  | L No                                    |  |                               |  |  |  |
| 7          | Legal business name  | Contact name  |        |   | Email  | (Area code) Phone number      |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
|            | Address, City, State, Zip code   |               | 1      |   | Subscriber's permissible use   |                               |  |  |  |
|            |  |               |        |   |  |                               |  |  |  |
|            | Does the subscriber provide information                                      | ation to      |        |   |  |                               |  |  |  |
|            | an attorney or private investigator?   |               | L Yes  | No                                      |  |                               |  |  |  |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

# WASHINGTON STATE DEPARTMENT OF LICENSING

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

Fax

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| f you currently have a CPS no  | umber, enter it here _       | 1           | 3a                 |           |                |            |                              |       |
|--|------------------------------|-------------|--------------------|-----------|----------------|------------|------------------------------|-------|
| Company/Agency name  | . 0 -                        | 0 0         | , , ,              | ·         | Website        |            |                              |       |
| Bruce Titus Ford, Inc.   | don Druce litus              | 1614 Urc    | hard ton           | F         |                |            |                              |       |
| Contact name. Primary applicant and con  | ntract manager               | (Area code  | ) Telephone number |           | Email (require | ed)        | 1                            |       |
| Collaen Sand   | wal                          | (253)8      | 30-308             | 5         | Conco          | Meg        | Drucetitusa                  | 700   |
| Contact name 2 (if applicable)   |                              | 1 : ~       | ) Telephone number |           | Email (requir  | ed)        | i sub i                      | , , , |
| Malinda Dela   | JA                           | (300)       | 876-30             | $\propto$ | wasing         | 301130     | teonathmast                  | 1400  |
| Physical address of business (number as  |                              |             |                    |           |                |            |                              |       |
| 1315 Bay S   | +                            |             |                    |           |                |            |                              |       |
| cin Port Orchan  | -d                           |             |                    | State (   | NΑ             | 2          | TIP code                     |       |
| Mailing address of business (if different)   |                              |             |                    |           |                |            |                              |       |
|  |                              |             |                    |           |                |            |                              | ]     |
| City   |                              |             |                    | State     |                | 2          | ZIP code                     |       |
|  |                              |             |                    |           |                |            |                              |       |
| Provide one of   | Taxpayer Identification Numb | ber (TIN)   | Employer (dentific | ation N   | umber (EIN)    | 1          | ed Business Identifier (UBi) |       |
| these identifiers  |                              |             |                    |           |                | (003       | 3960439                      |       |
| Answer the following   |                              |             |                    |           |                |            |                              |       |
| Provide a detailed explanation   | on of your primary bus       | siness acti | ivity (exactly w   | hat y     | our busine:    | ss or ag   | ency does and how            |       |
| you will use the vehicle and v   | vessel records). 🖳           | xtomo       | otion 5            | ale       | 7+0.           | Sunch      | nating.                      |       |
| you will use the vehicle and were to were the vehicle and were very the series of the  |                              | , ,         |                    |           | 1              | 0 0 0      | 10                           |       |
| Waster verily  | registered an                | nd Uc       | jed owr            | WL        | () ON (        | 1600       | iles.                        |       |
| verilia title sol  | rectal os                    |             | 1                  |           |                |            |                              |       |
| The state of the s | : Lancaca Cot                | my A 7      |                    |           |                |            |                              |       |
| roupopoenico   | 8 HILLOLANCOIL               |             |                    |           |                |            |                              |       |
| ~ 0  |                              |             |                    |           |                |            |                              |       |
| Will you contact the owner fo  | r any purpose, provid        | le the regi | stration record    | l infor   | mation to a    | an attori  | ney or private               |       |
| investigator, or to any other p  | ersons or businesses         | s? Use this | s space to des     | cribe     | how you w      | vill conta | act the owner or             |       |
| disclose the information or st   |                              |             |                    |           |                |            |                              | , [   |
|  | •                            |             |                    |           |                |            | •                            |       |
| LES to conter  | A waauwa                     | n ucec      | WENT (             | M         | neque          | nec.       |                              |       |
| Yes to owner<br>Phone or em  | .V<br>cer√                   |             |                    |           | 1              |            |                              |       |
|  | •                            |             |                    |           |                |            |                              |       |
|  |                              |             |                    |           |                |            |                              | Į     |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- · Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

Ff

12/7/17

Date and place (county) signed

Pignatura of business or oxygnization representative

Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years
  from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|   | Legal business name   | Contact name                            | Email  | (Area code) Phone number   |
|---|---|---|--|--|
|   | Bruce Titus fordine   | Olleen Sandwal                          | Carache Ducetitus com  | (1957)830-3785   |
|   | Address, City, State, Zip code  |   | Subscriber's permissible use   |  |
|   | 1215 Bay St, Port Or  | Chard, WA 9830Co                        | verify ragistered + lea  | cel owner to collect   |
|   | Does the subscriber provide informa   |   |  | trade insound  |
|   | an attorney or private investigator?  | □ Yes ☑ No                              | purchases and refr   | mds.   |
|   | Legal business name   | Contact name                            | Email  | (Area code) Phone number   |
| 2 | G ( 1)  | Melinda Nelson                          | malinda. nalsono Druce titu  | 2 (200) 9710-2000  |
|   | Address, City, State, Zip code  | Member Leise                            | Subscriber's permissible use (10   | ~^   |
|   | 1215 Play St. PortOrd   | hund, WA 983664                         | INTEGRAL NOOTETER LA COLLA L   | n - , rs V   Ox 100 \text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tilitet{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex |
|   | <del>\</del>  |   | needed documents for   | House in's Owner   |
|   | Does the subscriber provide informa<br>an attorney or private investigator? | tion to                                 | cond uppends.  |  |
|   | Legal business name   | Contact name                            | Email  | (Area code) Phone number   |
| 3 | Legal business name   | Contact name                            | Cinali   | (View code) i lique agrapei  |
|   | Address City Ohnto 75   |   | Cuboavibaria normingible   |  |
|   | Address, City, State, Zip code  |   | Subscriber's permissible use   | ***************************************  |
|   |   |   | _  | na n   |
|   | Does the subscriber provide information                                     | tion to                                 | · ·  |  |
|   | an attorney or private investigator?  | ☐ Yes ☐ No                              |  |  |
| 4 | Legal business name   | Contact name                            | Email  | (Area code) Phone number   |
|   |   |   |  |  |
|   | Address, City, State, Zip code  |   | Subscriber's permissible use   |  |
|   |   |   |  | ţ  |
|   | Does the subscriber provide information                                     | tion to                                 |  |  |
|   | an attorney or private investigator?  | ☐ Yes ☐ No                              |  | }  |
| 5 | Legal business name   | Contact name                            | Email  | (Area code) Phone number   |
| • |   |   | The state of the s | [  |
|   | Address, City, State, Zip code  |   | Subscriber's permissible use   |  |
|   |   |   |  |  |
|   | Does the subscriber provide informati                                       | tion to                                 | 1  | i  |
|   | an attorney or private investigator?  | Yes No                                  |  |  |
| _ | Legal business name   | Contact name                            | Email  | (Area code) Phone number   |
| 6 |   |   |  |  |
|   | Address, City, State, Zip code  |   | Subscriber's permissible use   | L  |
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|   | Does the subscriber provide informat  | ion to                                  | - Landau de la companyone de la companyo |  |
|   | an attorney or private investigator?  | Yes No                                  | To de la constanta de la const |  |
|   | Legal business name   | Contact name                            | Email  | (Area code) Phone number   |
| 7 |   |   |  | V St. SSSO, Frishe Hamber  |
|   | Address, City, State, Zip code  | *************************************** | Subscriber's permissible use   |  |
|   | radioos, ony, ondio, zip code   |   | ounscribers permissible use  | ***************************************  |
|   |   |   |  |  |
|   | Does the subscriber provide informat  |   | -  |  |
|   | an attorney or private investigator?  | ∐ Yes ∐ No                              | •  |  |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# **Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

#### Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per record. The contractor is also responsible to pay a one-time set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

| Method of access you are requesting  |  |  | tt and lands 13a   |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| VZ IVIPS (Individual record inquiries) – (360) 359-4001 Current IVIPS number, if applicable  |  |  |  |  |  |  |  |  |
| ☐ Bulk vehicle/vessel records (Batch process) – (360) 902-3673   |  |  |  |  |  |  |  |  |
| PRINT or TYPE Company/Agency name  |  |  |  |  |  |  |  |  |
| Progressive Casualty Insurance Comp  | any  | T  | I  |  |  |  |  |  |
| Primary contact name   |  | (Area code) Telephone number   | (Area code) Fax number   |  |  |  |  |  |
| Zechariah W, Davis IV  |  | (503) 495-4534   | (503) 495-4637   |  |  |  |  |  |
| Email  |  | Website  |  |  |  |  |  |  |
| zach_davis@progressive.com Secondary contact name  |  | /Aven anda) Talanhara arriva   | Freeli   |  |  |  |  |  |
| Ross Ashdown   |  | (Area code) Telephone number (503) 495-4552  | ross ashdown@progressive.co  |  |  |  |  |  |
| Contract manager name  |  | <u> </u>   | Email  |  |  |  |  |  |
| zechariah W, Davis IV  |  | (Area code) Telephone number (503) 495-4534  | zach davis@progressive.com   |  |  |  |  |  |
| Physical address of business (Number and street, City,   | State 7IP code)  | (202) T22-T22T   | Zacii_davis@progressive.com  |  |  |  |  |  |
| 7150 SW Sandburg St, Tigard OR 972   |  |  |  |  |  |  |  |  |
| Mailing address of business, if different (Address or PC   |  |  |  |  |  |  |  |  |
| same as above  | , why, while, an would   |  |  |  |  |  |  |  |
| Provide one of Tax Identification Number (TIII   | N) Federal Emp   | ployer Identification Number (EIN)   | WA Unified Business Identifier (UBI)   |  |  |  |  |  |
| these identifiers: 6d  |  |  | ,,   |  |  |  |  |  |
| 2 Provide a detailed explanation of your primary business activity (exactly what your business does).  |  |  |  |  |  |  |  |  |
| Provide a detailed explanation of your primary business.   | TO SLEETING CAMPLE INS. CO. AND ITS REFLICTES WITHIN THE PROJECTION & GROVE OF INS. CO. WILL US  |  |  |  |  |  |  |  |
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| Check all that apply to you and/or your business  Attorney Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company  | Lien service  Marina  Neighborhood ble  Non-profit organi  Parking enforcem  Private investigat  | OCK watch edia zation nent tor   | Service bureau for another business Provide business name:  Storage facility  Title/Escrow  To vere if y vertice of another business  Provide business name:   |  |  |  |  |  |
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| Check all that apply to you and/or your business   Attorney   Auction   Auto manufacturer or agent   Bail bonds   Bank or financing firm   Business   Commercial parking company   Credit union   Data broker/Reseller   Debt recovery/Collection   Employer/Prospective employer   Government   | Lien service Marina Neighborhood ble Newspaper or me Non-profit organi Parking enforcem Private investigat Process server Property mgmt Property mgmt Repossession se Retail/Store   | ock watch edia  zation nent tor  Government  Private  Private  | Service bureau for another business Provide business name:  Storage facility  Title/Escrow  Toll facility  Towing company  Transporter  Union (non-profit)  Vehicle/Vessel dealer  I represent a business that will provide information to another party   |  |  |  |  |  |
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| Check all that apply to you and/or your business   Attorney   Auction   Auto manufacturer or agent   Bail bonds   Bank or financing firm   Business   Commercial parking company   Credit union   Data broker/Reseller   Debt recovery/Collection   Employer/Prospective employer   Government   Guardianship/Trustee service   Homeowner association  | Lien service Marina Neighborhood ble Newspaper or me Non-profit organi Parking enforcem Private investigat Process server Property mgmt. Property mgmt. Repossession se Retail/Store School - Private  | ock watch edia  zation nent tor  Government Private  Private   | Storage facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer Trepresent a business that will provide business names:   |  |  |  |  |  |
| Check all that apply to you and/or your business  Check all that apply to you and/or your business  Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association Hospital  | Lien service  Marina  Neighborhood ble  Newspaper or me  Non-profit organi  Parking enforcem  Private investigat  Process server  Property mgmt.  Property mgmt.  Repossession se  Retail/Store  School - Private  School - Public  Scrap processor  | ock watch edia cation control cor wrecker  | Service bureau for another business Provide business name:  Storage facility  Title/Escrow  Toll facility  Towing company  Transporter  Union (non-profit)  Vehicle/Vessel dealer  I represent a business that will provide information to another party   |  |  |  |  |  |
| Check all that apply to you and/or your business   Attorney   Auction   Auto manufacturer or agent   Bail bonds   Bank or financing firm   Business   Commercial parking company   Credit union   Data broker/Reseller   Debt recovery/Collection   Employer/Prospective employer   Government   Guardianship/Trustee service   Homeowner association  | Lien service Marina Neighborhood ble Newspaper or me Non-profit organi Parking enforcem Private investigat Process server Property mgmt. Property mgmt. Repossession se Retail/Store School - Private  | ock watch edia zation nent tor  Government Private ervice  or wrecker Government Government  | Storage facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer Trepresent a business that will provide business names:   |  |  |  |  |  |

| 4 Explain in detail why you need vehicle/vessel information. Give examples, Attach additional pages if necessary.  |
|--|
| Progressive Casualty Insurance company and its corporate affiliates write and service insurance policies covering vehicles and vessels.  |
|  |
|  |
|  |
|  |
|  |
|  |
| 5 Redisclosure and/or selling of information   |
| Will you sell or provide the information to anyone else?   |
| If no, skip to Section 6.  |
| If yes, who will you provide or sell the information?  The information will be used only for the benefits of company of the provide of the benefits of company of the provide of the benefits of company of the benefits of th |
| The information will be used only for the benefits of corporate affiliates of Progressive Casualty Insurance company with the Progressive Group of insurance companies and will be disclosed to such affiliates only as necessary, usual or customary for the purpose described in Section 2 or as otherwise may be legally required.  |
| The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?  The third parties to which the information may be disclosed are corporate affiliates of Progressive Casualty Insurance Company with the group of Progressive group of insurance companies that will use the information only as described under section 2 and have the same permitted use(s) for such information as Progressive Casualty Insurance Company.  |
| How will you provide the information to recipients? Explain.  The information may be supplied electronically, orally or in the hard copy to Progressive Casualty Insurance companies & corporate affiliates.   |
| 6 Owner contact  |
| Will you contact the vehicle/vessel owner?   |
| We will cotact owners for the purpose of investigating insurance claims.  We may contact owners via telephone, mail, e-mail, text messaging, or in person.   |
| 7 Answer the following   |
| Do you agree not to sell or provide the information to any third party that has not been disclosed   |
| as part of this application?   |
| application?   |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- · Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

/2-7-/7
Date and place (county) signed

Signature of business or organization representative

Authorities:



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing

PO Box 2957 Olympia, WA 98507 Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS no   | umber, enter it here _       |            | 13a               |          | _              |         |                                  |
|--|------------------------------|------------|-------------------|----------|----------------|---------|----------------------------------|
|  | Star Credit                  | t Ur       | ion               |          | Website<br>WWW | wal     | Starcu.com                       |
| Contact name. Primary applicant and cor  | ntract manager               | 425        | Telephone number  | 58       | Email (require | ed)     | Egual Starcu co                  |
| Contact name 2 (if applicable)  Roshalle De Arment  (Area code) Telephone number  H25-400-3847  Roshalle @ GualStarcii.e |                              |            |                   |          |                |         | @ Gual Starci.com                |
| Physical address of business (number at 2133 152nd A   |                              |            |                   | -A27/70  |                |         | 0                                |
| Redmond  |                              |            |                   | State    | MA             |         | 98052                            |
| Mailing address of business (if different)   | 130                          |            |                   |          |                |         |                                  |
| Bellevue   |                              | 2000       |                   |          | WA             |         | ZIP code 8009                    |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Numb | er (TIN)   | Employer Identifi | cation N | umber (EIN)    | WA Un   | nified Business Identifier (UBI) |
| Answer the following Provide a detailed explanation  | 19                           |            |                   | _        |                |         |                                  |
| you will use the vehicle and   | ressel records).             | cle Vi     | ans b             | oth      | refin          | anc     | e and,                           |
| Ounchases. We  | Will in De                   | the .      | Search            | to) V    | rerilfu        | Ne      | gistered and                     |
| Credit Union (<br>Credit Union (<br>Purchases, We<br>Vegal nuners or   | nd branded                   | title      | 2S                |          | <i>l</i> ) ~   | ,       | 0                                |
| Will you contact the owner fo<br>investigator, or to any other p<br>disclose the information or st                       | ersons or businesses         | ? Use this | s space to des    | scribe   | how you w      | ill con | tact the owner or                |
| the owner wi   | ul already                   | be a       | wareo             | the      | e veri         | pra     | tion as they                     |
| have applied   | for the loan                 | una        | 1) WILL           | 100      | TILL VS        | EN      | number                           |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
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- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.

PRINT or

• Private investigator – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Note and along (an only along d

Signature of business or organization representative

Authorities:



Help

My DOR

My DOR

**Business License Lookup** 

QUALSTAR CREDIT UNION

License Information:

New search

Previous search

Entity name: QUALSTAR CREDIT UNION

Business name: QUALSTAR CREDIT UNION

Entity type: Nonprofit Corporation

UBI: 601-767-208

Business ID: 001

Location ID: 0001

Location:

Status: To check the status of this company, go to the link(s) below:

Department of Revenue Secretary of State

Location address:

2121 152ND AVE NE

REDMOND, WA, 98052

Mailing address:

PO BOX 96730

BELLEVUE, WA, 98009

Governing People May Include governing people not registered with sos

| Governing people | Title                 |
|------------------|-----------------------|
| LATAWIEC, FRANK  | Chairman of the Board |
| RELIC, JOHN C    | President             |
| STREULI, EDWARD  |                       |
| 3 Rows           |                       |

Information current as of 12/7/2017 9:22:37 AM

Contact us

Your Privacy

 $\ \odot$  2017 Washington State Department of Revenue and its licensors. All rights reserved.



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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

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| If you currently have a CPS number, enter it h   | ere _ 13a       | 1                  |                     |                                      |  |  |  |  |
|--|-----------------|--------------------|---------------------|--------------------------------------|--|--|--|--|
| Company/Agency name  JHR AUTO SPORTS LLC  Contact name. Primary applicant and contract manager  JARED I. DRAYTON  Gentlect name 2 (if applicable)  Contact name 2 (if applicable)  Contact name 2 (if applicable)                                |                 |                    |                     |                                      |  |  |  |  |
| Contact name 2 (if applicable)  (Area code) Telephone number  Email (required)  Physical address of business (number and street)  7428 EVERGREEN WAY   |                 |                    |                     |                                      |  |  |  |  |
| City EVERETT  Mailing address of business (if different)   |                 |                    | State WA            | <sup>zip</sup> 509 <sup>8</sup> 203  |  |  |  |  |
| 5023 1307H PLNE  City MARY SVILLE  State NA  ZIP code 98271  |                 |                    |                     |                                      |  |  |  |  |
| Provide <b>one</b> of Taxpayer Identification these identifiers  | n Number (TIN)  | Employer Identific | cation Number (EIN) | WA Unified Business Identifier (UBI) |  |  |  |  |
| Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).  USED VEHICLE SALES RETAIL AND WHOLESALE, VEHICLE RECORDS |                 |                    |                     |                                      |  |  |  |  |
| WILL BE ACCESSED TOVERIFY LEGAL OWNERSHIP AND TITLE STATUS<br>PRIOR TO PURCHASE FOR RESALE.  |                 |                    |                     |                                      |  |  |  |  |
| Will you contact the owner for any purpose, p<br>investigator, or to any other persons or busine<br>disclose the information or state that you will  | esses? Use this | space to des       | cribe how you w     | vill contact the owner or            |  |  |  |  |

NO. RECORDS SEARCH FOR INTERNAL BUSINESS USE ONLY.

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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

Date and place (county) signed

ignature of business or organization representative

Authorities:

# Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

## Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|   | Legal business name  | Cantant      | T 2 :                        |                          |  |
|---|--|--------------|------------------------------|--------------------------|--|
| 1 |  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?   | ation to     |                              |                          |  |
| 2 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?   | tion to      |                              |                          |  |
| 3 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?   | tion to      |                              |                          |  |
| 4 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?   | tion to      |                              |                          |  |
| 5 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use | <u> </u>                 |  |
|   | Does the subscriber provide informat an attorney or private investigator?  | tion to      | 1                            |                          |  |
| 6 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informat an attorney or private investigator?  | ion to       |                              |                          |  |
| 7 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use | 1                        |  |
|   | Does the subscriber provide informati an attorney or private investigator? | on to        |                              |                          |  |

**Use additional copies of this page**, **if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# **BUSINESS LICENSE**

Limited Liability Company

J&R AUTO SPORTS LLC 7428 EVERGREEN WAY EVERETT, WA 98203-5664

UNEMPLOYMENT INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

Unified Business ID #: 603054787 Business ID #: 001

Location: 0001

Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE MOTOR VEHICLE DEALER #7479 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith

Director, Department of Revenue



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cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in and save it.

Mail
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Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Fau

Do not use this form for personal or individual record requests.

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If you currently have a CPS number, enter it here

Company/Agency name Website Northwest Investigative Services, Inc. nwisi.com Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) 253-631-4144 x303 sandy@nwisi.com Sandra Briggs Contact name 2 (if applicable) (Area code) Telephone number Email (required) 253-631-4144 x301 Michael Briggs mike@nwisi.com Physical address of business (number and street) 6403 South Island Drive E State ZIP code WA 98391 Bonney Lake Mailing address of business (if different) P O Box 8273 City State ZIP code Bonney Lake WA 98391 Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of Taxpayer Identification Number (TIN) 602-000-642 these identifiers 6d

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Research and locating individuals and businesses involved in litigation or in preparation of litigation; Accident investigation; HOA situation research

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

No, we do not contact owners for any purpose. Our clients (insurance companies, law offices, HOA's) may be provided some information gained from VIPS returns as needed always within Federal DPPA Laws.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Sandra J. Briggs
PRINT OF TYPE Name

November 30, 2017 (Pierce County)

Date and place (county) signed

Signature of business or organization representative

#### Authorities:

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reselier must:

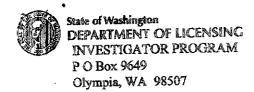
- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
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  from the date of disclosure or termination of the contract, whichever occurs first.

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In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| (Company Company |   | <del></del>  |       |      |                              | /A                       |  |
|------------------|---|--------------|-------|------|------------------------------|--------------------------|--|
| ŋ                | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |  |
|                  | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |  |
| #                | Does the subscriber provide informan attorney or private investigator |              | Yes   | □ No |                              |                          |  |
| 2                | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |  |
|                  | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |  |
|                  | Does the subscriber provide informan attorney or private investigator |              | Yes   | □ No |                              |                          |  |
| 9                | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |  |
|                  | Address, City, State, Zip coce  |              |       |      | Subscriber's permissible use | -                        |  |
|                  | Does the subscriber provide informan attorney or private investigator |              | Yes   | □ No |                              |                          |  |
| 7.               | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |  |
|                  | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |  |
|                  | Does the subscriber provide informan attorney or private investigator |              | Yes   | □ No |                              |                          |  |
| ξ                | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |  |
|                  | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |  |
| H                | Does the subscriber provide informan attorney or private investigator |              | ☐ Yes | □ No |                              |                          |  |
| 6                | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |  |
|                  | Address, City, State, Zip code  |              |       |      | Subscriber's permissible use |                          |  |
|                  | Does the subscriber provide informan attorney or private investigator |              | Yes   | □ No |                              |                          |  |
| 7                | Legal business name   | Contact name |       |      | Email                        | (Area code) Phone number |  |
|                  | Address, City, State, Zip code  | 1            |       |      | Subscriber's permissible use |                          |  |
|                  | Does the subscriber provide informan attorney or private investigator |              | Yes   | □ No |                              |                          |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



ADDRESS SERVICE REQUESTED

PPU 691

NORTHWEST INVEST SERVICES INC MICHAEL R BRIGGS PO BOX 7098 COVINGTON WA 98042

STATE OF WASHINGTON UNARMED PRIVATE INVESTIGATOR PRINCIPAL

northwest invest services inc Michael R Briggs 160 desext shores dr Oxondo wa 98843

1655

License Numbe

12/31/2017

Expiration Date

Pet Kobler

|  |  |  |  | MC |  |
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DEPARTMENT OF LICENSING -BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS WAMED BELOW IS AUTHORIZED AS A

UNARMED PRIVATE INVESTIGATOR
PRINCIPAL

NORTHWEST INVEST SERVICES INC NUCEAEL R BRIGGS LOUDESERIT SHORES DR OLONDO WA 98843

1655

icense Number

09/04/1992

Issued Dan

12/31/2017

Liceusee Released

Termination Date / /-

Per Kohler Pre Kohler, Director



# **BUSINESS LICENSE**

Corporation

NORTHWEST INVESTIGATIVE SERVICES, INC. 27451 209TH CT SE **MAPLE VALLEY, WA 98038-3283** 

Unified Business ID #: 601000642

Business ID #: 001 Location: 0001

Expires: Dec 31, 2017

PRIVATE INVESTIGATIVE AGENCY #303 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

**UNEMPLOYMENT INSURANCE - ACTIVE** 

TAX REGISTRATION - ACTIVE

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL:

BRIGGS, MICHAELR

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

IBI: 601000642 001 0001

ORTHWEST INVESTIGATIVE ERVICES, INC. 451 209TH CT SE APLE VALLEY, WA 98038-3283 STATE OF WASHINGTON

PRIVATE INVESTIGATIVE AGENCY #303 - ACT!VE UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

Expires: Dec 31, 2017.



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS number, enter it here   |                              |                                |                                |  |                |         |  |  |
|---|------------------------------|--------------------------------|--------------------------------|--|----------------|---------|--|--|
| Company/Agency name   |                              | Website www.curtislaw-pllc.com |                                |  |                |         |  |  |
| Curtis, Casteel and Palmer I  |                              |                                |                                |  |                |         | v-piic.com                                   |  |
| Contact name. Primary applicant and contract manager Stacy Bradshaw (Area code) Telephone 425-409-2745  |                              |                                |                                |  |                |         | urtislaw-pllc.com                            |  |
| Contact name 2 (if applicable)  |                              | (Area code)                    | (Area code) Tolophone number E |  | Email (require | ed)     |  |  |
| Physical address of business (number an 3400 188th St SW, Ste 565   | d street)                    |                                |                                |  |                |         |  |  |
| City  |                              |                                |                                | State  |                |         | ZIP code                                     |  |
| Lynnwood  |                              |                                |                                | WA   |                |         | 98037  |  |
| Mailing address of business (if different)  |                              |                                |                                |  |                | -       |  |  |
| City  |                              |                                |                                | State  |                |         | ZIP code                                     |  |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Numb | er (TIN)                       | Employer Identific             | cation Number (EIN) WA Unified Busi 603-419-74 |                |         | nified Business Identifier (UBI)<br>-419-740 |  |
| Answer the following  Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). |                              |                                |                                |  |                |         |  |  |
| Closing escrow. We need to obtain title information for transferring mobile home titles from sellers to buyers. We also assist in the process of title eliminations.                    |                              |                                |                                |  |                |         |  |  |
|   |                              |                                |                                |  |                |         |  |  |
| Will you contact the owner for investigator, or to any other produced disclose the information or state.  | persons or businesses        | ? Use this                     | s space to des                 | scribe   | how you v      | vill co | ntact the owner or                           |  |

We do contact the owner to assist in title transfers. We do not share this information with private investigators or any

other persons of entities that are not listed on the IVIPs report.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

|                                | Stacy Bradshaw                                       |
|--------------------------------|--|
| 11/27/17, Snohomish County     | PRINT or TYPE Name                                   |
| Date and place (county) signed | Signature of business or organization representative |

#### Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|      | Legal business name   | Contact name                           |          |   | Email                             | (Area code) Phone number   |  |
|------|---|--|----------|---|-----------------------------------|--|--|
|      | Curtis, Casteel & Palmer Law  |  |          |   | sbradshaw@curtislaw-pllc.com      | 425-409-2745   |  |
|      | Address, City, State, Zip code  | •                                      |          | Subscriber's permissible use                            |                                   |  |  |
|      | 3400 188th St SW, Ste 565, Lyr  | mwood, WA 98                           | 037      | Information is used to assist in transferring title and |                                   |  |  |
|      | Does the subscriber provide information to                                  |  |          |   | assisting with title eliminations |  |  |
|      | an attorney or private investigator?  | aion to                                | ☐ Yes 🗹  | No  |                                   |  |  |
| 2    | Legal business name   | Contact name                           |          |   | Email                             | (Area code) Phone number   |  |
| 2    |   |  |          | Ī   |                                   |  |  |
|      | Address, City, State, Zip code  | L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |   | Subscriber's permissible use      |  |  |
|      |   |  |          |   |                                   |  |  |
|      | Does the subscriber provide informa   | tion to                                |          |   |                                   |  |  |
|      | an attorney or private investigator?  |  | ☐ Yes ☐  | No  |                                   |  |  |
| 3    | Legal business name   | Contact name                           |          |   | Email                             | (Area code) Phone number   |  |
| 7    |   |  |          |   |                                   |  |  |
|      | Address, City, State, Zip code  |  |          |   | Subscriber's permissible use      |  |  |
|      |   |  |          |   |                                   |  |  |
|      | Does the subscriber provide informa   | tion to                                |          |   |                                   |  |  |
|      | an attorney or private investigator?  |  | ∐ Yes ∐  | No  |                                   |  |  |
| 4    | Legal business name   | Contact name                           |          |   | Email                             | (Area code) Phone number   |  |
| ,    |   |  |          |   |                                   |  |  |
| - 4  | Address, City, State, Zip code  |  |          |   | Subscriber's permissible use      |  |  |
|      |   |  | <u> </u> |   |                                   |  |  |
|      | Does the subscriber provide informa   | tion to                                |          | ,   |                                   |  |  |
| - 58 | an attorney or private investigator?  |  | ☐ Yes ☐  | l No  | ~~~                               |  |  |
| 5    | Legal business name   | Contact name                           |          |   | Email                             | (Area code) Phone number   |  |
|      |   | <u> </u>                               |          |   |                                   |  |  |
|      | Address, City, State, Zip code  |  |          |   | Subscriber's permissible use      |  |  |
|      |   |  |          |   |                                   |  |  |
|      | Does the subscriber provide informa<br>an attorney or private investigator? | tion to                                | ☐ Yes ☐  | l No  |                                   |  |  |
|      | Legal business name   | Contact name                           |          | 1100  | Email                             | (Area code) Phone number   |  |
| 6    | Legal business name   | Contact name                           |          |   | Linaii                            | (Area code) i fione fluitibei  |  |
|      | Address, City, State, Zip code  |  |          |   | Subscriber's permissible use      |  |  |
|      |   |  |          |   |                                   |  |  |
|      | Does the subscriber provide informa   | tion to                                |          |   |                                   |  |  |
|      | an attorney or private investigator?  | mor to                                 | ☐ Yes ☐  | l No  |                                   |  |  |
| 7    | Legal business name   | Contact name                           |          |   | Email                             | (Area code) Phone number   |  |
|      |   |  |          |   |                                   |  |  |
|      | Address, City, State, Zip code  | <u> </u>                               |          |   | Subscriber's permissible use      | has a second sec |  |
|      |   |  |          |   |                                   |  |  |
|      | Does the subscriber provide informa   | tion to                                |          |   |                                   |  |  |
|      | an attorney or private investigator?  |  | Yes 🗆    | No_   |                                   |  |  |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# **BUSINESS LICENSE**

Domestic Professional Limited Liability Company

Unified Business ID #: 603 419 740

Business ID #: 1 Location: 1

CURTIS & CASTEEL LAW GROUP, PLLC 3400 188TH ST SW STE 565 LYNNWOOD WA 98037 4773

TAX REGISTRATION INDUSTRIAL INSURANCE UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

like Smith

Director, Department of Revenue

TEEL LAW GROUP, PLLC
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98037 4773
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SURANCE

SECTION FOR YOUR WALLET



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here. Company/Agency name Website Jonathan Smith, P.S. dba Advantage Legal Group www.advantagelegalgroup.com Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) Jonathan Smith 425-452-9797 jonathan@advantagelegalgroup.com Contact name 2 (if applicable) (Area code) Telephone number Émail (required) Don Knox 425-452-9797 don@advantagelegalgroup.com Physical address of business (number and street) 12207 NE 8th Street City State ZIP code Bellevue WA 98005 Mailing address of business (if different) City ZIP code State Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of these identifiers 6d Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Personal injury attorney. Used to track down defendant's address and identity from license plate number. Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Used to identify owners of vehicles. May include service of process by this law firm or contact for witness statements.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Jonathan **Si**nith

11/14/17, KING COONTY, VA X Signature of business or organization representative

Authorities:

## Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

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In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name |     |      | Email                        | (Area code) Phone number |
|---|--|--------------|-----|------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              |     |      | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes | □ No |                              |                          |
| 2 | Legal business name  | Contact name |     |      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |     |      | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes | □ No |                              |                          |
| 3 | Legal business name  | Contact name |     |      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |     |      | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes | □ No |                              |                          |
| 4 | Legal business name  | Contact name |     |      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |     |      | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes | □ No |                              |                          |
| 5 | Legal business name  | Contact name |     |      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |     | -    | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes | ☐ No |                              |                          |
| 6 | Legal business name  | Contact name |     |      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |     |      | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes | □No  |                              |                          |
| 7 | Legal business name  | Contact name |     |      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | ,   |      | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes | □ No |                              |                          |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957

Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS r   | umber, enter it here _            |            | 13a                            |                     |                                      |  |  |  |
|---|-----------------------------------|------------|--------------------------------|---------------------|--------------------------------------|--|--|--|
| Company/Agency name   | hwest Hon                         | da         |                                | Website             | orthwesthonda.com                    |  |  |  |
| Contact name. Primary applicant and co  |                                   | (Area code | ) Telephone number<br>676-2277 | Email (require      |                                      |  |  |  |
| Contact name 2 (If applicable)  |                                   | (Area code | ) Telephone number             | Email (require      |                                      |  |  |  |
| Physical address of business (number of 2010 lows S   |                                   |            | ,                              |                     |                                      |  |  |  |
| Bellingham  |                                   |            |                                | State WA            | ZIP code<br>98229                    |  |  |  |
| Mailing address of business (if different   | )                                 |            |                                |                     |                                      |  |  |  |
| City  |                                   |            |                                | State               | ZIP code                             |  |  |  |
| Provide one of these identifiers  | Taxpayer Identification Num<br>6d | ber (TIN)  | Employer Identific             | cation Number (EIN) | WA Unified Business Identifier (UBI) |  |  |  |
| Answer the following Provide a detailed explanati you will use the vehicle and                          | vessel records).                  |            |                                |                     |                                      |  |  |  |
| We buy and sell new and used cars. We will search to confinm registered owner + lienholder information. |                                   |            |                                |                     |                                      |  |  |  |
| - Giste   | re come                           |            | Diam's II.                     | TO MACIC            | JY 1.                                |  |  |  |
| Will you contact the owner to investigator, or to any other   |                                   |            |                                |                     |                                      |  |  |  |

disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

The only arcumstance when we would share information is when wholesale selling a car with only an affidavit and not a

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation, Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney -- Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X Signature of business or organization representative

Authorities:



# **BUSINESS LICENSE**

Corporation

NWH, INC. NORTHWEST HONDA 2010 IOWA ST BELLINGHAM, WA 98229-4726

UNEMPLOYMENT INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE MOTOR VEHICLE DEALER #2313 - ACTIVE

Unified Business ID #: 601826456 Business ID #: 001 Location: 0001

Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:

BELLINGHAM GENERAL BUSINESS #022535 - ACTIVE

DUTIES OF MINORS:

WASH CARS, CLEAN LOT

LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agriculural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

STATE OF WASHINGTON

The regular driving of motor vehicles by minors is prohibited. WAC 296-125-030(2)

REGISTERED TRADE NAMES:

NWH, INC. DBA NORTHWEST HONDA NWH,INC. DBA NORTHWEST HONDA

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

ikki Smith

Director, Department of Revenue

UBI: 601826456 001 0001

NWH, INC. NORTHWEST HONDA 2010 IOWA ST BELLINGHAM, WA 98229-4726 UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #2313 -ACTIVE BELLINGHAM GENERAL BUSINESS #022535 - ACTIVE Expires: Oct 31, 2018

Wikk Smith

Director, Department of Revenue



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

| Company/Agency name<br>ESPY INVESTIGATIONS   | Website<br>WWW.Es                    | Website<br>www.Espyinvestigations.com |                         |  |  |
|--|--------------------------------------|---------------------------------------|-------------------------|--|--|
| Contact name. Primary applicant and contract manager (Area code) Teleph (425) 785-40 |                                      |                                       | Email (requir<br>RUBY @ | d)<br>ESPYINVESTIGATIONS.C(                      |  |
| Contact name 2 (if applicable)   | code) Telephone number               |                                       |                         |  |  |
| Physical address of business (number a 227 BELLEVUE WAY NE                           | nd street)<br>PMB 265                |                                       |                         |  |  |
| BELLEVUE   |                                      | 5                                     | State<br>WA             | ZIP code<br>98004                                |  |
| Mailing address of business (if different)   |                                      |                                       |                         |  |  |
| City   |                                      | 5                                     | State                   | ZIP code   |  |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN) | Employer Identificati                 | on Number (EIN)         | WA Unified Business Identifier (UBI) 603 174 588 |  |
| Answer the following   |                                      |                                       |                         |  |  |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

I conduct research and verification information primarily for the purpose of working with attorneys in preperation for court cases that are going to trial. Process service, background information, locating correct address information and verification for owned vehicles to aid in my investigation.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. I will use this information to aid in my investigation to assist in proper address verification to submit documents. I would not have any purpose of contacting the registered owner and disclosing this information. I would utilize this information to assist in verification of ownership of vehicle and or address verification.



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957 Olympia, WA 98507 Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| • •   |   |   |                 |             |                           |
|---|---|---|-----------------|-------------|---------------------------|
| If you currently have a CPS numl  | ber, enter it here1   | 3a  |                 |             |                           |
| Company/Agency name Mae Inc. aba  | : Acura of Seattle  | ٤   | Website W       | www.        | He . Com                  |
| Contact name. Primary applicant and contract  |   | 33 - 1000                                 | 1 ∈mail (remuir | 'ha         | mofseattle.ca             |
| Contact name 2 (if applicable)  KEVIN TUNTON  |   | ) Telephone number<br>433-1000            | Email (requir   | ed)         | uraofseattle.c            |
| Physical address of business (number and str<br>301 Baken Blv   | treet)  |   |                 |             |                           |
| Seattle   |   | Sta                                       | te<br>WA        | ZIP         | code<br>98188             |
| Mailing address of business (if different)  Same as a   | Share.  |   |                 |             |                           |
| City  | J. 7000   | Sta                                       | te              | ZIP         | code                      |
| these identifiers   | expayer Identification Number (TIN)                             | Employer Identification                   | Number (EIN)    | WA Unified  | Business Identifier (UBI) |
| Answer the following Provide a detailed explanation o you will use the vehicle and vest                               |   | vity (exactly what                        | your busines    | ss or agen  | cy does and how           |
| <u>.                                    </u>  | used vehicle Sa<br>and parts Sali                               |   |                 |             |                           |
|   | owner on trai   |   | r used i        | Schiel      | i pinchase.               |
| Will you contact the owner for ar investigator, or to any other pers disclose the information or state  We may possub | sons or businesses? Use this<br>that you will not disclose it a | s space to describ<br>and will not contac | e how you w     | ill contact | the owner or              |
| But whome of  | imails.   |   |                 |             |                           |
| If applicable on the westom   | we may need   | to verifi                                 | 1 any           | discri      | pences                    |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

. And Sign

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

02. 16.18 King County

Signature of business or organization representative

Authorities:



# **BUSINESS LICENSE**

Corporation

CHAE, INC. ACURA OF SEATTLE 301 BAKER BLVD SEATTLE, WA 98188

UNEMPLOYMENT INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE MOTOR VEHICLE DEALER #2490 - ACTIVE

Unified Business ID #: 600609521 Business ID #: 001 Location: 0001

Expires: Jan 31, 2019

INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

DUTIES OF MINORS: FILING PAPERWORK.

#### LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

Service occupations: if a minor works past 8:00 p.m., minor must be supervised by a responsible adult employee who is on the premises at all times. WAC 296-125-030(30)

REGISTERED TRADE NAMES:

ACURA OF SEATTLE OAG O'BRIEN AUTO GROUP

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

Expires: Jan 31, 2019

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 600609521 001 0001

CHAE, INC. ACURA OF SEATTLE 301 BAKER BLVD SEATTLE, WA 98188 UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #2490 -ACTIVE



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

FOR INFORMATION PURPOSE ONLY

--- --- ----

**Mail**Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

**Fax** (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_ Company/Agency name doggett autobrokers Website Contact name. Primary applicant and contract manager william doggett (Area code) Telephone number 2069303382 Email (required) doggett47@gmail.com Contact name 2 (if applicable) (Area code) Telephone number Email (required) Physical address of business (number and street) 120 s spokane st City seattle State 38134 98134 wa Mailing address of business (if different) 27715 212th pl se State ZIP code 98038 maple valley wa WA Unified Business Identifier (UBI) 604147719Provide one of Taxpayer Identification Number (TIN) Employer Identification Number (EIN) 6d these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how vou will use the vehicle and vessel records). we sell cars and take cars in on trade and obtain bank financing for customers and pay off some of the trades and buy cars at auction and some customers like to sell their cars to us Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. I will not contact anyone in regards to the info that i receive its for information to me to decide whether or not i will buy a car from such person in front of me and it will help me determine whether or not if a car has a payoff and and

the owner tells me something different standing in front of me. I will not call or discuss this info with anybody ONLY

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, emall addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws, Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations. penalties -RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal Information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entitles are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that

the foregoing is true and correct.

PRINT or TYPE Name

Signature of business or organization representative

Duwen-

Authorities:

#### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseiler must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers

DDD ---- D0004-0000 D 0 00

- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years
  from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name   | Contact name | Email .                      | (Area code) Phone number |  |
|---|---|--------------|------------------------------|--------------------------|--|
|   | Address, City, State, Zip code  |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa<br>an attorney or private investigator? | tion to      |                              |                          |  |
| 2 | Legal business name   | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to      |                              |                          |  |
| 3 | Legal business name   | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to      |                              |                          |  |
| 4 | Legal business name   | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to      |                              |                          |  |
| 5 | Legal business name   | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to      |                              |                          |  |
| 6 | Legal business name   | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?    | tion to      |                              |                          |  |
| 7 | Legal business name   | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide Informa an attorney or private investigator?    | tion to      |                              |                          |  |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



# **BUSINESS LICENSE**

STATE OF WASHINGTON Limited Liability Company

KATHERINE 77 AUTOLOANS,LLC DOGGETT AUTOBROKERS 120 S SPOKANE ST SEATTLE, WA 98134-2221

UNEMPLOYMENT INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

Unified Business ID #: 604147719
Business ID #: 001
Location: 0001
Expires: Dec 31, 2018

INDUSTRIAL INSURANCE - ACTIVE MOTOR VEHICLE DEALER #10891 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit,

REGISTERED TRADE NAMES: DOGGETT AUTOBROKERS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Recenter

UBI: 604147719 001 0001

KATHERINE 77 AUTOLOANS,LLC 50 DOGGETT AUTOBROKERS 120 S SPOKANE ST SEATTLE, WA 98134-2221

UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #10891 - Expires: Dec 31, 2018

Vikki Smith

Oirector, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET

STATE OF WASHINGTON



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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cps@dol.wa.gov
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Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

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13a

| If you currently have a CPS number | er, enter it here |
|------------------------------------|-------------------|
|------------------------------------|-------------------|

Website Company/Agency name www.billmccurley.com MCCURLEY INTEGRITY HONDA Email (required) (Area code) Telephone number Contact name. Primary applicant and contract manager (509)374-2644 kimberly.carlson@mccurley.net KIMBERLY CARLSON Email (required) (Area code) Telephone number Contact name 2 (if applicable) Physical address of business (number and street) 1775 FOWLER ST ZIP code State 99352 WARICHLAND Mailing address of business (if different) PO BOX 2698 ZIP code State City 99301 WA **PASCO** WA Unified Business Identifier (UBI) Employer Identification Number (EIN) Taxpayer Identification Number (TIN) Provide one of 602-876-198 6d

these identifiers

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We are a new and used automobile dealership. We use vehicle records to verify legal owners of vehicles and verification of lien holder information on vehicles traded into us.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

The owner will be in the office at the time this information is looked up. No other person will be given this information

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

12/07/2017

Date and place (county) signed

Kimberly Carlson

PRINT or TYPE Name

Signature or pusiness or organization representative

#### Authorities:

#### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1   | Legal business name   | Contact name  |             | Email                        | (Area code) Phone number  |  |
|-----|---|---------------|-------------|------------------------------|---------------------------|--|
| 1   | MCCURLEY INTEGRITY H  | CHAD VAUGHN   |             | CHAD.VAUGHN@MCCURL.          |                           |  |
|     | Address, City, State, Zip code  |               |             | Subscriber's permissible use |                           |  |
|     | PO BOX 2698 PASCO WA 993  | 01            |             | VEHICLE SEARCH               |                           |  |
|     | Does the subscriber provide information attorney or private investigator?   | tion to       | <b>✓</b> No |                              | -                         |  |
| 2   | Legal business name   | Contact name  |             | Email                        | (Area code) Phone number  |  |
|     | MCCURLEY INTEGRITY H  | SCOTT HARVEY  |             | SCOTT.HARVEY@MCCURL.         |                           |  |
|     | Address, City, State, Zip code  |               |             | Subscriber's permissible use |                           |  |
|     | PO BOX 2698 PASCO WA 993  | 01            |             | VEHICLE SEARCH               |                           |  |
|     | Does the subscriber provide informa an attorney or private investigator?    | tion to Yes   | <b>✓</b> No |                              |                           |  |
| 3   | Legal business name   | Contact name  |             | Email                        | (Area code) Phone number  |  |
| _   | MCCURLEY INTEGRITY H  | JAVIER CASTRO |             | JAVIER.CASTRO@MCCURL.        |                           |  |
|     | Address, City, State, Zip code  |               |             | Subscriber's permissible use |                           |  |
|     | PO BOX 2698 PASCO WA 993  |               |             | VEHICLE SEARCH               |                           |  |
|     | Does the subscriber provide informa an attorney or private investigator?    | tion to       | <b>✓</b> No |                              |                           |  |
|     | Legal business name   | Contact name  |             | Email                        | (Area code) Phone number  |  |
| 4   | 2094, 220,1000 112,110  |               |             | 25.400                       |                           |  |
| 1   | Address, City, State, Zip code  |               |             | Subscriber's permissible use |                           |  |
|     |   |               |             |                              |                           |  |
|     | Does the subscriber provide informa   | tion to       |             |                              |                           |  |
|     | an attorney or private investigator?  | ☐ Yes         | ∐ No        |                              | 1 /4 11 51                |  |
| 5   | Legal business name   | Contact name  |             | Email                        | (Area code) Phone number  |  |
|     |   |               |             | Subscriber's permissible use |                           |  |
| i i | Address, City, State, Zip code  |               |             | Subscriber a permissible dad |                           |  |
| 0   |   | P1-           | W           | 1                            |                           |  |
|     | Does the subscriber provide informa<br>an attorney or private investigator? | Yes           | ☐ No        |                              |                           |  |
| _   | Legal business name   | Contact name  |             | Email                        | (Area code) Phone number  |  |
| 6   |   |               |             |                              |                           |  |
|     | Address, City, State, Zip code  |               |             | Subscriber's permissible use |                           |  |
|     |   |               |             |                              |                           |  |
|     | Does the subscriber provide informa   | ation to      | П           |                              |                           |  |
|     | an attorney or private investigator?  | ☐ Yes         | ∐ No        | 5-3                          | (Area code) Phone number  |  |
| 7   | Legal business name   | Contact name  |             | Email                        | (Area code) Frione number |  |
|     | Address, City, State, Zip code  | 2 0 0         |             | Subscriber's permissible use | L                         |  |
|     | Address, Oily, State, Zip tode  |               |             |                              |                           |  |
|     | Does the subscriber provide informs   | ation to      |             | 1                            |                           |  |
|     | Does the subscriber provide informa<br>an attorney or private investigator? | Yes           | ☐ No        |                              |                           |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



MCCURLEY INTEGRITY AUTO, L.L.C. MCCURLEY INTEGRITY HONDA PO BOX 2698 PASCO WA 99302-2698

DETACH BEFORE POSTING



## **BUSINESS LICENSE**

Limited Liability Company

MCCURLEY INTEGRITY AUTO, L.L.C. MCCURLEY INTEGRITY HONDA 1775 FOWLER ST RICHLAND, WA 99352-4807

UNEMPLOYMENT INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE MOTOR VEHICLE DEALER #0111 - ACTIVE Unified Business ID #: 602876198 Business ID #: 001 Location: 0001 Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:

RICHLAND SERVICE BUSINESS #F06000 - ACTIVE

**DUTIES OF MINORS:** 

WASHING & MOVING VEHICLES, FILING, FAXING, PHOTCOPYING. \*SERVICE OCCUPATIONS: IF A MINOR WORKS PAST 8:00 P.M.: MINOR MUST BE SUPERVISED BY A RESPONSIBLE ADULT EMPLOYEE WHO MUST REMAIN ON PREMISE AT ALL TIMES.\*

LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agriculural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

The regular driving of motor vehicles by minors is prohibited. WAC 296-125-030(2)

REGISTERED TRADE NAMES: MCCURLEY INTEGRITY HONDA

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenu

UBI: 602876198 001 0001

MCCURLEY INTEGRITY AUTO, MCCURLEY INTEGRITY HONDA 1775 FOWLER ST RICHLAND, WA 99352-4807

STATE OF WASHINGTON

UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #0111 -ACTIVE RICHLAND SERVICE BUSINESS #F06000 - ACTIVE

Expires: Oct 31, 2018

DETACH THIS SECTION FOR YOUR WALLET



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS number, enter it h       | ere .                        |                          |   |
|--|------------------------------|--------------------------|---|
| Company/Agency name                                  | mmunity Credi                | t (Mion v                | oww.onpointcu.com                       |
| Contact name, Primary applicant and contract manager | (Area code) Telephone num    | nber Email (requir       | red)                                    |
| Donna Greaus   | 503-213                      | 2680 Sonna               | Larreaus conpointeu c                   |
| Contact name 2 (if applicable)                       | (Area code) Telephone nun    |                          |   |
| Physical address of business (number and street)     | St Ste#80                    | 0                        | 4 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| city Portland  |                              | State                    | ZIP code 9721D                          |
| Mailing address of business (if different)           | J                            |                          |   |
| city Portland  |                              | State                    | ZIP code 97208                          |
| Provide one of Taxpayer Identification               | n Number (TIN) Employer Ide  | ntification Number (FIN) | WA Unified Business Identifier (UBI)    |
| these identifiers                                    |                              | 6d                       | -                                       |
| Answer the following                                 |                              |                          |   |
| Provide a detailed explanation of your primar        | y business activity (exactly | y what your busine       | ss or agency does and how               |
| you will use the vehicle and vessel records).        | . ,                          |                          | ,                                       |
| 100 and a Fin  | ancia Lox                    | ider. U                  | la need                                 |
| we are a Fin<br>access to vehicle                    | Cananaha Par                 | 210700                   | + aumon -                               |
| access to venicle                                    | - (aco wa +                  | L WUW                    | 11 000                                  |
|  |                              |                          |   |
| and/or lienHolder                                    | - uryounaus                  | $\sim$ .                 |   |
|  |                              |                          |   |
| Will you contact the owner for any purpose, p        | provide the registration rec | ord information to       | an attorney or private                  |
| investigator, or to any other persons or busin       | esses? Use this space to a   | describe how you v       | will contact the owner or               |
| disclose the information or state that you will      | not disclose it and will not | contact the owner        | This is required information,           |
| If we need d   |                              | _                        | <b> </b>                                |
| owner of record, u                                   | e will ne                    | ed to co                 | mplete the                              |
| form(s) and mai                                      |                              |                          |   |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DOINT OF TYPE Name

ONFORT COMMUNITY CREDIT UNION

Date and place (county) signer

X DYMA STEADS ONT COMMUNITY CREDIT UNION

Signature of business or organization representative

#### Authorities:



# DEPARTMENT OF CONSUMER AND BUSINESS SERVICES DIVISION OF FINANCE AND CORPORATE SECURITIES

## CERTIFICATE OF APPROVAL

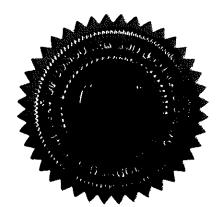
PORTLAND TEACHERS CREDIT UNION filed amendments to the Organization Certificate and to the Bylaws.

The amended Organization Certificate and Bylaws were approved on November 7, 2005.

Now, THEREFORE, I authorize

#### ONPOINT COMMUNITY CREDIT UNION

to transact business as a community credit union within this State in accordance with its Bylaws and the laws of the State of Oregon, starting on January 1, 2006.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed hereto the Seal of the Department of Consumer and Business Services of the State of Oregon at Salem, Oregon, this 7<sup>TH</sup> day of November 2005.

David Tatman, Acting Administrator



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently | have a | <b>CPS</b> | number, | enter | it here |
|------------------|--------|------------|---------|-------|---------|
|------------------|--------|------------|---------|-------|---------|

13a

| Company/Agency name Cowlitz County Title Comp               | oany                               |   | Website<br>WWW.co   | wlitztitle.com                       |
|---|------------------------------------|---|---------------------|--------------------------------------|
| Contact name. Primary applicant and co                      | · ·                                | rea code) Telephone number<br>60-423-5330 |                     | red)<br>Cowlitztitle.com             |
| Contact name 2 (if applicable) (Area code) Telephone number |                                    |   | Email (requir       | red)                                 |
| Physical address of business (number a 1159 14th Avenue     | nd street)                         |   |                     |                                      |
| City<br>Longview  |                                    |   | State<br>Washington | ZIP code<br>98632                    |
| Mailing address of business (if different)                  |                                    |   | han                 |                                      |
| City  |                                    | 70.00 A                                   | State               | ZIP code                             |
| Provide <b>one</b> of these identifiers                     | Taxpayer Identification Number (TI | IN) Employer Identific                    | cation Number (EIN) | WA Unified Business Identifier (UBI) |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We handle real estate transactions in which we act as a title transfer and escrow closing agent for the sale of mobile homes, along with personal property, therefore we utilize this system to verify ownership/lienholder, etc. to accommodate real estate closings for seller's, buyer's and lender's.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

The information is confidential and will not be disclosed. There are times when we must contact the registered owner or lien holder in order to accommodate the sale or title clearing of the particular mobile home in which we've been asked to handled a sale or refinance closing on, but no information is provided to any outside party.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

|                                | Bianca Lemmons, Vice President/Manager               |  |
|--------------------------------|--|--|
| 2/14/2018                      | X Dremmons   |  |
| Date and place (county) signed | Signature of business or organization representative |  |

#### Authorities:



# **BUSINESS LICENSE**

Unified Business ID #: 600464147 Business ID #: 001

Location: 0001

Expires: Nov 30, 2018

COWLITZ COUNTY TITLE CO. COWLITZ COUNTY TITLE CO 1159 14TH AVE LONGVIEW, WA 98632

UNEMPLOYMENT INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

CITY ENDORSEMENTS:

LONGVIEW GENERAL BUSINESS #169125 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

DOL BITTON

Director, Department of Revenue

UBI: 600464147 001 0001

COWLITZ COUNTY TITLE CO. COWLITZ COUNTY TITLE CO 1159 14TH AVE LONGVIEW, WA 98632 STATE OF WASHINGTON

UNEMPLOYMENT INSURANCE -ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE LONGVIEW GENERAL BUSINESS #169125 - ACTIVE Expires: Nov 30, 2018



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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here

13a

| Company/Agency name<br>Progressions Credit Ur  | ion                     |              |   | Website progress           | ionscu.org                                     |
|--|-------------------------|--------------|---|----------------------------|--|
| Contact name. Primary applicant<br>Nanette Edgett-Jansser                              |                         |              | e) Telephone number<br>14-0473            | Email (requir<br>nanettee) | ed)<br>@progressionscu.org                     |
| ontact name 2 (if applicable)  Mari Zumbiel  (Area code) Telephone number 509-622-2019 |                         |              | Email (required) mariz@progressionscu.org |                            |  |
| Physical address of business (nu<br>2919 E Mission Ave                                 | mber and streel)        |              |   |                            |  |
| city<br>Spokane  |                         |              |   | State<br>WA                | ZIP code<br>99202                              |
| Mailing address of business (if di<br>2919 E Mission Ave                               | ferent)                 |              |   |                            |  |
| City<br>Spokane  |                         |              |   | State<br>WA                | ZIP code<br>99202                              |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification | Number (TIN) | Employer Identificat                      | tion Number (EIN)          | WA Unified Business Identifier (UBI) 601133758 |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We are a financial institution that provides savings and lending (including vehicle and vessel loans) to our members.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not use this information to contact owners nor will we disclose any information from the records. This information will only be used to verify current ownership for lending purposes and to verify we have been added as legal owner when the vehicle is used as collateral for a loan.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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- Business outside Washington State Attach a legible copy of one of the following:
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     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Nanette Edgett-Janssen

12/28/2017 Spokane WA

Date and place (county) signed

Signature of business or organization representative

#### Authorities:



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Adobe Reader XI or above to fill it in and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

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If you currently have a CPS number, enter it here

| Company/Agency name  |  |  |   | Website                 |                    |   |  |
|--|--|--|---|-------------------------|--------------------|---|--|
| JAGUAR LAND ROVER I  | BELLEVUE INC                                       |  |   | jaguarbellevue.com      |                    |   |  |
| Contact name. Primary applicant and col<br>CRYSTAL HALLEN  | ntract manager                                     | (Area code) Telephone number<br>(425)373-9222        | mber Email (required) Crystal. hallence autocentern |                         |                    | no autocenternu                             |  |
| Contact name 2 (if applicable)   |  | (Area code) Telephone number                         | r   | Email (require          | id)                |   |  |
| Physical address of business (number at 13817 NE 20TH ST   | nd street)   |  |   |                         |                    |   |  |
| City<br>BELLEVUE   |  |  | State<br>W.A  | 7                       |                    | ZIP code<br>98005                           |  |
| Mailing address of business (if different)   |  |  |   |                         |                    |   |  |
| City   |  |  | State   |                         |                    | ZIP code                                    |  |
| Provide one of these identifiers   | Taxpayer Identification Numb                       | er (TIN) Employer Identific                          | cation N  | umber (EIN)             | WA U               | nified Business Identifier (UBI)            |  |
| Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). |  |  |   |                         |                    |   |  |
| NEW AND USED AUTO S  | SALES AND SERVIC                                   | E  |   |                         |                    |   |  |
|  |  |  |   |                         |                    |   |  |
|  |  |  |   |                         |                    |   |  |
| Will you contact the owner for investigator, or to any other produced the information or st  | persons or businesses<br>tate that you will not di | ? Use this space to des<br>sclose it and will not co | scribe<br>intact                                    | how you w<br>the owner. | rill cor<br>This i | ntact the owner or is required information. |  |
| WE WILL NOT CONTACT  | THE OWNER OR A                                     | NYONE ELSE OR DI                                     | SCLO  | OSE INFOI               | RMA'               | TION FROM THE                               |  |

CONTRACTED PLATE SEARCHES.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State -- Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

CRYSTAL HALLEN

PRINT or TYPE Name

12/8/17 BELLEVUE, WA

Date and place (county) signed

Signature of business or organization representative

#### Authorities:

#### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Centact name | Email                        | (Area code) Phone number |  |
|---|--|--------------|------------------------------|--------------------------|--|
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |  |
| 2 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |  |
| 3 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |  |
| 4 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use | ·                        |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |  |
| 5 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |  |
| 6 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use | -                        |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              | ·<br>·                   |  |
| 7 | Legal business name  | Contact name | Email                        | (Area code) Phone number |  |
| • | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Use this form to apply for access to the Contracted Plate Search (CPS) service, Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mall or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2967
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

if you currently have a CPS number, enter it here. Сотралу/Арелру лате Website UNITED FINANCE INDUSTRIAL LOAN CO. UNITED FINANCE - COM Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) LONG UTEN OU UNITEDFINANCE-COM JATRICK HENNESSEY 360-425-3332 Contact name 2 (if applicable) (Area code) Telephone number Email (required) Physical address of business (number and street) 1070 14THAUG State City 98632 WA LONGUIEW Mailing address of business (if different) <sup>zip</sup>98637 City State ALU) Texpayer identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). WE WILL BE TEACHING, LIEN PERFECTION REGARDING OUR COCLATERAL, GETTING UPDATED CUSTOMER/ VEHICLE INFORMATION WHEN POSSIBLE (I.E. SMIP TRACE), PRINTING REGISTRATIONS Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. WEWILL BE LOOMING AT OUR CUSTOMERS INFORMATION. WE WILL BE CONTACTING THEM IN REGIARD TO THEIR ACCOUNT OR ITS RELATED INFORMATION, WE WILL NOT DISCUSS THEIR INFORMATION WITH A THIRD PARTY WITHOUT THEIR AUTHORIZATION TODO 50.

RPD-224-002 (R/8/17)WA Page 1 of 3

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties -- RCW 46.12.640.

Knowlngly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an Individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are involced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or

11-14-201

- Your Tax Exempt Status, (501)(c)(3), from the internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator -- Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

COWLITZ Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087



# **BUSINESS LICENSE**

Corporation

UNITED FINANCE CO. UNITEDFINANCEINDUSTRIALLOANCOMPANY 1070 14TH AVE LONGVIEW, WA 98632

TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS: LONGVIEW GENERAL BUSINESS #818670 - ACTIVE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations. Unified Business ID #: 409012143 Business ID #: 001 Location: 0001

Expires: Oct 31, 2018

STATE OF WASHINGTON

UBI: 409012143 001 0001

UNITED FINANCE CO. UNITEDFINANCEINDUSTRIALLOAN COMPANY 1070 14TH AVE LONGVIEW, WA 98632

TAX REGISTRATION - ACTIVE LONGVIEW GENERAL BUSINESS #818670 - ACTIVE

I I MA 84:70 TIOS-0S-VON

Expires: Oct 31, 2018



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing

PO Box 2957 Olympia, WA 98507 Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

13a

|    |     |           |      | _ | CDC |         |         | horo |
|----|-----|-----------|------|---|-----|---------|---------|------|
| 11 | you | currently | nave | d | UPS | number, | eugei g | Here |

| •   |                              |             |                               |                     |        |  |
|---|------------------------------|-------------|-------------------------------|---------------------|--------|--|
| Company/Agency name Strategic Intelligence Ser                    | vices, LLC                   |             |                               | Website<br>WWW.S    | rategi | icintel.com                                    |
| Contact name. Primary applicant and con<br>Thomas E. Stotts       | ntract manager               |             | ) Telephone number<br>30-6176 |                     |        | jicintel.com                                   |
| Contact name 2 (if applicable)                                    |                              | (Area code) | ) Telephone number            | Email (requi        | red)   |  |
| Physical address of business (number at 1312 N. Monroe St., Ste 2 |                              |             |                               |                     |        |  |
| City<br>Spokane   |                              |             |                               | State<br>WA         |        | ZIP code<br>99201                              |
| Mailing address of business (if different)                        |                              |             |                               |                     |        |  |
| City  |                              |             |                               | State               |        | ZIP code                                       |
| Provide one of these identifiers                                  | Taxpayer Identification Numb | per (TIN)   | Employer Identific            | cation Number (EIN) |        | Jnified Business Identifier (UBI)<br>2-139-622 |
| Answer the following  |                              |             |                               |                     |        |  |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Private Investigations and Service of Process. I will utilize vehicle registration information to locate and identify persons and vehicles for Litigation or service of process.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

I may contact owners for litigation purposes and service of process only. I may provide registration information to attorneys for permissible legal purposes.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Tom E. Stotts

11/09/2017 Spokane, WA

Date and place (county) signed

Signature of business or organization representative

Authorities:

# Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name   | Contact name      |          |             | Email                          | (Area code) Phone number |
|---|---|-------------------|----------|-------------|--------------------------------|--------------------------|
|   | Strategic Intelligences Servic  | est, durb (Stotts |          |             | tom@strategicintel.com         | 5092306176               |
|   | Address, City, State, Zip code  | Chalena M         | A 00204  |             | Subscriber's permissible use   | •                        |
|   | 1312 N. Monroe St., Ste 245,  |                   | A 99201  |             | Legal investigations an servic | e of process.            |
|   | Does the subscriber provide informa   | tion to           | ✓ Yes    | □ No        |                                |                          |
|   | an attorney or private investigator?  | Contact name      | L Tes    |             | Email                          | (Area code) Phone number |
| 2 | Legal business name   | Contact name      |          |             | La Tital Si                    | (                        |
|   | Address, City, State, Zip code  | <u> </u>          |          | ·           | Subscriber's permissible use   | I                        |
|   | nouless, only, only, all toda   |                   |          |             |                                |                          |
|   | Deep the subscriber provide informa   | tion to           |          |             | 1                              |                          |
|   | Does the subscriber provide informa<br>an attorney or private investigator? | non to            | Yes      | ☐ No        |                                |                          |
|   | Legal business name   | Contact name      |          |             | Email                          | (Area code) Phone number |
| 3 |   |                   |          |             | ,                              |                          |
|   | Address, City, State, Zip code  |                   |          |             | Subscriber's permissible use   |                          |
|   |   |                   |          |             |                                |                          |
|   | Does the subscriber provide informa   | tion to           | <b>—</b> | П.,         |                                |                          |
|   | an attorney or private investigator?  |                   | ☐ Yes    | □ No        | 5 mail                         | (Ama anda) Phana number  |
| 4 | Legal business name   | Contact name      |          |             | Email                          | (Area code) Phone number |
|   | Address City State 7in ands   |                   |          |             | Subscriber's permissible use   | <u> </u>                 |
|   | Address, City, State, Zip code  |                   |          |             | Gassenson a partitionismo and  | •                        |
|   |   | *i *-             |          | <del></del> | 1                              |                          |
|   | Does the subscriber provide informa<br>an attorney or private investigator? | uon to            | Yes      | □ No        |                                |                          |
|   | Legal business name   | Contact name      |          |             | Email                          | (Area code) Phone number |
| 5 |   |                   |          |             |                                |                          |
|   | Address, City, State, Zip code  |                   |          |             | Subscriber's permissible use   |                          |
|   |   |                   |          |             | ]                              |                          |
|   | Does the subscriber provide informa   | tion to           |          |             |                                |                          |
|   | an attorney or private investigator?  |                   | ☐ Yes    | ∐ No        |                                | 1 (A                     |
| 6 | Legal business name   | Contact name      |          |             | Email                          | (Area code) Phone number |
|   |   | <u>1</u>          |          |             | Cubacibada parriacible usa     | 1                        |
|   | Address, City, State, Zip code  |                   |          |             | Subscriber's permissible use   |                          |
|   |   |                   |          |             | -                              |                          |
|   | Does the subscriber provide informa<br>an attorney or private investigator? | tion to           | Yes      | □ No        |                                |                          |
|   | Legal business name   | Contact name      |          |             | Email                          | (Area code) Phone number |
| 7 |   |                   |          |             |                                |                          |
|   | Address, City, State, Zip code  | 1                 |          |             | Subscriber's permissible use   |                          |
|   |   |                   |          |             |                                |                          |
|   | Does the subscriber provide informa   | tion to           |          |             | 1                              |                          |
|   | an attorney or private investigator?  |                   | ☐ Yes    | ∐ No        |                                |                          |

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Email (quickest)
cps@del.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957

Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/lorms/formspd.html

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If you currently have a CPS number, enter it here. Company/Agency name Whiteharles PROGRESSIVE CASUALTY INSURANCE COMPAND Corneri rame Primary applicant and contract manager (Perex marin) Telephone ruminer Email (required). (253) 733-4289 brian anderson Progressive com BRIAN ANDERTON Comed name 2 if applicable DAVES COCKS Talephone Factories Erral Incorned Physical achiress of basiness (number and street). 34001 PACIFIC HIGHWAY S ZF code City Own FEDERAL WAY 98003 Multing address of Justiness (Fofferers) High AF code Tempower (perefication Number (TIN) Provide one of Employer Identification Number (EIRC) WA Lindbod Bissimore Intereffor (LIBI) these Identifiers 6d Answer the billioning Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). PROGRESSIVE CASUALTY INSURANCE COMPANY AND ITS CORPORATE AFEILIATES WRITE AND SERVICE INSURANCE POLICIES COVERING VEHICLES AND VESSELS.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner for disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

VES, WE WILL CONTACT DUPERS FOR THE PURPOSE OF INVESTIGATION OF INSLABACE CLAIMS, WE MAY CONTACT

THE DUMERS BY MAIL, EMAIL, TELEPHONE OR IN PERSON.

RFD-884-002 EVW17VM-Page 1 of th

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 48.12.835(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOLs name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an includual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exampt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

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- Business outside Washington State Attach a legible copy of one of the following:
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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service.
- Attorney Attach a legible copy of your current bar card, or proof of ourrent/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1/17/2018

BRIAN PRINT OF TYPE NAME

Signature of business or organizated representati

NDERSON

Authorities:

From: Loosen, Jim (DOL)

To: lori@parkingenforce.com

Cc: DOL DRIVES ASD Contracted Plate Search

Subject: Contracted Plate Search - Application for access to Washington vehicle registration records

**Date:** Tuesday, January 09, 2018 12:28:14 PM

Lori A Robertson
Parking Compliance Enforcement
3883 SE 8<sup>th</sup> Ave, Ste 250,
POB 4727
Portland OR 97208

Dear Lori,

Thank you for your application received 1/8/2018 and presently under consideration for renewal.

At your very earliest convenience, please provide to this office a description of the enforcement process, the debt collection process, how the DOL records are used in these processes, and how your company meets compliance with the conditions imposed by the Federal Driver Privacy Protection Act of 1994, 18 USC §2721 (b)(3)(A)(B).

I have been provided a copy of a Parking Penalty Notice issued by your company to a Washington licensed vehicle at a Vancouver, Washington address. Wording on the notice states "Authorized by contract with Property Management".

At your very earliest convenience, please provide to this office a detailed list of the names, addresses, and contact information, as well as copies of the contracts you hold with all of the customers contracting for the parking enforcement services provided by your company, and example copies of the front and back sides of the initial penalty notices or infraction notices and any secondary or follow-up correspondence or forms that may be issued by your company to the recipient of the parking penalty notice.

I await your advice.

Respectfully
Jim Loosen
Washington Department of Licensing
Vehicle Vessel Records Disclosure and CPS Units Supervisor
360-359-4012
jloosen@dol.wa.gov
POB 2957, OLYMPIA WA 98507
6A to 3P weekdays



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| Company/Agency name WSECU   |  |            |                                | -,53111                          | Website                     |                    |   |
|---|--|------------|--------------------------------|----------------------------------|-----------------------------|--------------------|---|
| Contact name. Primary applicant and cor<br>Rochelle Clausnitzer   | ntract manager   |            | e) Telephone number<br>93-7689 | . na                             | Email (require<br>rclausnit |                    | wsecu.org   |
| Contact name 2 (if applicable) Melissa Ruiz   | (Area code) Telephone number 800-562-0999  |            |                                | Email (required) mruiz@wsecu.org |                             |                    |   |
| Physical address of business (number ar 330 Union Ave SE  | nd street)   |            |                                |                                  | erete no                    | egalele<br>egalele | SEA OBILLIA CA  |
| <sup>City</sup><br>Olympia  |  |            |                                | State<br>WA                      |                             |                    | ZIP code<br>98501                                       |
| Mailing address of business (if different) PO BOX WSECU   |  |            |                                |                                  | niterone                    | i, i Umo           | Distribution (flow                                      |
| City<br>Olypmia   |  |            |                                | State<br>WA                      |                             |                    | ZIP code<br>98507                                       |
|   | T 11 00 0 11 1   | 400 14 15  |                                | 00000 0000                       | 5 (Carrier 1997)            | 272/2017/12        |   |
|   | Taxpayer Identification Numb   | per (TIN)  | Employer Identific             | cation Nu                        | umber (EIN)                 | WA U               | nified Business Identifier (UBI)                        |
| these identifiers<br>Answer the following<br>Provide a detailed explanation   | 6d<br>on of your primary bus   |            | tivity (exactly w              | hat yo                           | The second second           | ss or a            | agency does and how                                     |
| these identifiers<br>Answer the following<br>Provide a detailed explanation<br>you will use the vehicle and v   | 6d<br>on of your primary bus   |            | tivity (exactly w              | hat yo                           | our busine                  | ss or a            | agency does and how                                     |
| these identifiers  Answer the following  Provide a detailed explanation  you will use the vehicle and was  See attached  Will you contact the owner for investigator, or to any other properties.   | on of your primary busivessel records).  or any purpose, providuersons or businesses | siness act | istration record               | hat you                          | mation to a                 | an attovill con    | agency does and how orney or private ntact the owner or |
| Provide one of these identifiers  Answer the following Provide a detailed explanation you will use the vehicle and will use attached  Will you contact the owner for investigator, or to any other produced the information or structure. | on of your primary busivessel records).  or any purpose, providuersons or businesses | siness act | istration record               | hat you                          | mation to a                 | an attovill con    | agency d  |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

|                                | Rochelle Clausnitzer                                 |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|
|                                | PRINT or TYPE Name                                   |  |  |  |  |  |
| December 7, 2017               | X  |  |  |  |  |  |
| Date and place (county) signed | Signature of business or organization representative |  |  |  |  |  |

#### Authorities:

# Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

#### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|---|--|--------------|------------------------------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                              |                          |
|   | Does the subscriber provide information an attorney or private investigator? | tion to      | Yes No                       |                              |                          |
| 2 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide information attorney or private investigator?    | ion to       | Yes No                       |                              |                          |
| 3 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide information an attorney or private investigator? | ion to       | Yes No                       |                              |                          |
| 4 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide information attorney or private investigator?    | ion to       | Yes No                       |                              |                          |
| 5 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide information an attorney or private investigator? | tion to      | Yes No                       |                              |                          |
| 6 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide information an attorney or private investigator? | ion to       | Yes No                       |                              |                          |
| 7 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator?     | tion to      | Yes No                       |                              |                          |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

# Vehicle/Vessel Disclosure Agreement Application

#### Section 3

#### Why do you need vehicle/vessel information?

- Look up license plate numbers
- Verify VIN Numbers
- Verify registered and legal owner information
- Verify title number
- Look up mailing date of title
- Check for when tabs expire(d) and try to locate our member through address on file

#### Section 4

#### Explain exactly what your business does.

- We assist membership on the phone asking when they will receive their titles that were released by WSECU. We verify the title was sent or being sent to the correct address and that WSECU is no longer on the title.
- We work reports on outstanding titles not securing a loan, to know whom to contact to change the title to WSECU as the legal owner.
- We lookup by plate number or VIN # to verify our information is correct. Such as a VIN error report.
- Look up to verify title number on the current record @ DOL. This is used when filling out title forms and requesting title numbers.
- All the information received thru IVIPS will be used to assist with daily transactions, reports and assisting our member ship by phone and mail.
- We periodically pull VIPS to verify information regarding a repossession.

#### Section 5

Will you re-disclose or sell the information to anyone else? No

# IVIPS Use and Disclosure Contract Attachment B User/Access Request

#### It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

| TYPE or PRINT Business name       | IVIPS account number    |
|-----------------------------------|-------------------------|
| WSECU                             | 13a                     |
| WOSCO                             |                         |
| 1. TYPE or PRINT Employee name    | User sub-account number |
| Rochelle Clausnitzer              | 13a                     |
| 2. Employee name                  | User sub-account number |
| Kris Uren                         | 13a                     |
| 3. Employee name                  | User sub-account number |
| Angela McKenzie                   | 13a                     |
| 4. Employee name                  | User sub-account number |
| Danette Maloney                   | 13a                     |
| 5. Employee name                  | User sub-account number |
| Kristi Holien                     | 13a                     |
| 6. Employee name                  | User sub-account number |
| Lisa Stalker                      | 13a                     |
| 7. Employee name                  | User sub-account number |
| Linda Davis                       | 13a                     |
| 8. Employee name                  | User sub-account number |
| Linda Liu                         | 13a                     |
| 9. Employee name                  | User sub-account number |
| Melissa Ruiz                      | User sub-account number |
| 10. Employee name                 | 13a                     |
| Jessica Robinson (formerly Jones) | User sub-account number |
| 11. Employee name Steve Snyder    | 13a                     |
| 12. Employee name                 | User sub-account number |
| Trina Novlan                      | 13a                     |
| 13. Employee name                 | User sub-account number |
| Rachel Clark                      | 13a                     |
| 14. Employee name                 | User sub-account number |
| Sean Ledgerwood                   | 13a                     |
| 15. Employee name                 | User sub-account number |
| Jamic Raines                      | 13a                     |
| 16. Employee name                 | User sub-account number |
| Charene Sheaffer                  | 13a                     |
| 17. Employee name                 | User sub-account number |
| Nikki Penney                      | 13a                     |
| 18. Employee name                 | User sub-account number |
| Marissa Carpentier                | 13a                     |
| 19. Employee name                 | User sub-account number |
| Cheryl Smith                      | 13a                     |
| 20. Employee name                 | User sub-account number |
| Joetta Fahey                      | 13a                     |

This form may be duplicated.



## **BUSINESS LICENSE**

Unified Business ID #: 601 133 130 Business ID #: 1

WASHINGTON STATE EMPLOYEES CREDIT UNION

REGISTERED TRADE NAMES: WSECU INVESTMENT MANAGEMENT WSECU INSURANCE SERVICES



This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licenses certifies the information on the application was complete, true, and accurate to the bost of his or nor knowledge, and that business will be conducted in compliance with all applicable Washington state, country, and city regulations.

Director: Department of Revenue

From: Loosen, Jim (DOL)

To: lori@parkingenforce.com

Cc: DOL DRIVES ASD Contracted Plate Search

Subject: Contracted Plate Search - Application for access to Washington vehicle registration records

**Date:** Tuesday, January 09, 2018 12:28:14 PM

Lori A Robertson
Parking Compliance Enforcement
3883 SE 8<sup>th</sup> Ave, Ste 250,
POB 4727
Portland OR 97208

Dear Lori,

Thank you for your application received 1/8/2018 and presently under consideration for renewal.

At your very earliest convenience, please provide to this office a description of the enforcement process, the debt collection process, how the DOL records are used in these processes, and how your company meets compliance with the conditions imposed by the Federal Driver Privacy Protection Act of 1994, 18 USC §2721 (b)(3)(A)(B).

I have been provided a copy of a Parking Penalty Notice issued by your company to a Washington licensed vehicle at a Vancouver, Washington address. Wording on the notice states "Authorized by contract with Property Management".

At your very earliest convenience, please provide to this office a detailed list of the names, addresses, and contact information, as well as copies of the contracts you hold with all of the customers contracting for the parking enforcement services provided by your company, and example copies of the front and back sides of the initial penalty notices or infraction notices and any secondary or follow-up correspondence or forms that may be issued by your company to the recipient of the parking penalty notice.

I await your advice.

Respectfully
Jim Loosen
Washington Department of Licensing
Vehicle Vessel Records Disclosure and CPS Units Supervisor
360-359-4012
jloosen@dol.wa.gov
POB 2957, OLYMPIA WA 98507
6A to 3P weekdays

From: Nanette Edgett-Janssen

To: <u>DOL DRI VES ASD Contracted Plate Search</u>
Subject: Vehicle/Vessel Online Access Application
Date: Thursday, December 28, 2017 12:46:46 PM

**Attachments:** <u>20171228124725134.pdf</u>

Attached is our application to renew our online access for vehicle/vessel lookups. Please let me know if there is anything else we need to complete.

## Sincerely,

Nanette Edgett-Janssen Operations Supervisor Progressions Credit Union Direct: (509) 444-0473

Toll Free: (800) 828-8691 ext 233





Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.



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If you currently have a CPS number, enter it here

13a

| Company/Agency name<br>Progressions Credit Union            |                         |              |                                | Website<br>progressionscu.org                |  |  |  |
|---|-------------------------|--------------|--------------------------------|--|--|--|--|
| Contact name. Primary applicant a<br>Nanette Edgett-Janssen |                         |              |                                | Email (required) nanettee@progressionscu.org |  |  |  |
| Contact name 2 (if applicable)<br>Mari Zumbiel              |                         |              | e) Telephone number<br>22-2019 |  | Email (required) mariz@progressionscu.org      |  |  |
| Physical address of business (num<br>2919 E Mission Ave     | ber and street)         |              |                                |  |  |  |  |
| city<br>Spokane   |                         |              |                                | tate<br>WA                                   | ZIP code<br>99202                              |  |  |
| Mailing address of business (if diffe<br>2919 E Mission Ave | rent)                   |              |                                |  |  |  |  |
| City<br>Spokane   |                         |              |                                | tate<br>WA                                   | ZIP code<br>99202                              |  |  |
| Provide <b>one</b> of these identifiers                     | Taxpayer Identification | Number (TIN) | Employer Identification        | on Number (EIN)                              | WA Unified Business Identifier (UBI) 601133758 |  |  |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We are a financial institution that provides savings and lending (including vehicle and vessel loans) to our members.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not use this information to contact owners nor will we disclose any information from the records. This information will only be used to verify current ownership for lending purposes and to verify we have been added as legal owner when the vehicle is used as collateral for a loan.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

## Submit the following documentation with your application:

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- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Nanette Edgett-Janssen

12/28/2017 Spokane WA

Date and place (county) signed

Signature of business or organization representative

## Authorities:



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If you currently have a CPS number, enter it here

13a

| Company/Agency name<br>NORTH SOUND AU              | ΓΟ GROUP, LLC dba  | DWAYNE L                                | ANE'S CJDR        | Website<br>WWW.I    | Website WWW.DWAYNELANE.COM |                      |  |  |
|--|--|---|-------------------|---------------------|----------------------------|----------------------|--|--|
| Contact name. Primary applican<br>SHANTEL HARRIS   | t and contract manager   | [18] [18] [18] [18] [18] [18] [18] [18] |                   |                     |                            | )<br>@DWAYNELANE.COM |  |  |
| Contact name 2 (if applicable)                     | (Area code) Telephone number   |   | r Email (requir   | Email (required)    |                            |                      |  |  |
| Physical address of business (no 10515 EVERGREEN   | Marine Strategic Company of the comp |   |                   |                     | 2.75.00 (M) (M)            |                      |  |  |
| City<br>EVERETT                                    |  |   |                   | State<br>WA         | ZIP code<br>98204          |                      |  |  |
| Mailing address of business (if d<br>SAME AS ABOVE | ifferent)  |   |                   |                     | •                          |                      |  |  |
| City   |  |   |                   | State               | ZIP code                   |                      |  |  |
| Provide one of these identifiers                   | Taxpayer Identification 6d   | Number (TIN)                            | Employer Identifi | cation Number (EIN) | WA Unified Business Ident  | ifier (UBI)          |  |  |
| Answer the following                               |  |   |                   |                     |                            | - N T                |  |  |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

NORTH SOUND AUTO GROUP, LLC IS AN AUTOMOBILE DEALER. WE PURCHASE, SELL AND SERVICE NEW AND USED VEHICLES IN ADDITION TO SELLING AUTOMOTIVE PARTS.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. WE WOULD ONLY INTIATE CONTACT WITH ANY CURRENT/PREVIOUS OWNER(S) IF THERE WAS A POTENTIAL TITLING ISSUE OR DISCREPANCY IN LEGAL AND/OR REGISTERED INFORMATION PROVIDED TO US VERSUS WHAT IS ON RECORD WITH DOL. CONTACT ALSO BE INITIATED IF THE VEHICLE HAPPENED TO BE ABANDONED ON DEALERSHIP PROPERTY. CONTACT MAY BE MADE VIA PHONE, E-MAIL, OR REGULAR MAIL DEPENDING ON THE CONTACT INFORMATION WE HAVE AVAILABLE.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

NORTH SOUND AUTO GROUP, LLC PRINT or TYPE Name Shantel M. Harris 12/12/2017 SNOHOMISH Signature of business or organization representative

Date and place (county) signed

## Authorities:

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In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|   | Legal business name  | Contact name | Email                        | (Area code) Phone number     |  |  |
|---|--|--------------|------------------------------|------------------------------|--|--|
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                              |  |  |
|   | Does the subscriber provide informa an attorney or private investigator? | ation to     |                              |                              |  |  |
| 2 | Legal business name  | Contact name | Email                        | (Area code) Phone number     |  |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                              |  |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | 7                            |                              |  |  |
| 3 | Legal business name  | Contact name | Email                        | (Area code) Phone number     |  |  |
|   | Address, City, State, Zip code   | <u> </u>     | Subscriber's permissible use | <u>-</u>                     |  |  |
|   | Does the subscriber provide informa an attorney or private investigator? | ition to     |                              |                              |  |  |
| 4 | Legal business name  | Contact name | Email                        | (Area code) Phone number     |  |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use | Subscriber's permissible use |  |  |
|   | Does the subscriber provide informa an attorney or private investigator? | ition to     |                              |                              |  |  |
| 5 | Legal business name  | Contact name | Email                        | (Area code) Phone number     |  |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                              |  |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                              |  |  |
| 6 | Legal business name  | Contact name | Email                        | (Area code) Phone number     |  |  |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use | 13                           |  |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                              |  |  |
| 7 | Legal business name  | Contact name | Email                        | (Area code) Phone number     |  |  |
|   | Address, City, State, Zip code   | <del>L</del> | Subscriber's permissible use |                              |  |  |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | 7                            |                              |  |  |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## **BUSINESS LICENSE**

Limited Liability Company

NORTHSOUND AUTO GROUP, LLC DWAYNE LANE'S CHRYSLER JEEP DODGE 10515 EVERGREEN WAY EVERETT, WA 98204-3867

UNEMPLOYMENT INSURANCE - ACTIVE MINOR WORK PERMIT - ACTIVE MOTOR VEHICLE DEALER #1282 - ACTIVE Unified Business ID #: 602868344 Business ID #: 001 Location: 0001

Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

DUTIES OF MINORS:

WASH CARS, FILING, PHONES, LOT ATTENDENT

## LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

Minors employed in maintenance and repair work must be at least 16 years of age. WAC 296-125-033(5)(a)

REGISTERED TRADE NAMES:
DWAYNE LANE'S CHRYSLER JEEP DODGE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

(wies)

| If you currently have a CPS number, enter it here 18a  | 195)  |   |
|--|---|---|
| Company/Agency name  Specialized Investigations Inc. DBA - SI Investigations, Contact name. Primary applicant and contract manager  Pichard Haver, Vice President  Contact name 2 (if applicable)  Peter Schiffin, President  Physical address of business (number and street)  Company/Agency name  (Area code) Telephone number  (Area code) Telephone number  (Area code) Telephone number  (Area code) Telephone number  | Website  WWW.S  Email (require  YIChaye  Email (require | pecialpi.com  the special pi.com  rine sqdinc.com |
| 100 West Harrison Street, Svite N-350  | Louis   |   |
| Seattle  | State   | ZIP code  |
| Mailing address of business (if different)  9171 Gazette avenue  |   | 18911   |
| Chatsworth   | State (A  | ZIP code  |
|  | cation Number (EIN)                                     | WA Unified Business Identifier (UBI)              |
| Answer the following  Provide a detailed explanation of your primary business activity (exactly v you will use the vehicle and vessel records).  | vhat your busines                                       | s or agency does and how                          |
| Our company established in 1981 as a full service in   | vestigative ag  | ency. The various                                 |
| Our company established in 1981 as a full service in types of services including asset and financial invactivity checks, insurance froud claim investigations, la fraud, and various types of general investigative servi  | estigations, s<br>bor and emplo<br>ces.                 | surveillance, and by ment, health care            |
| Will you contact the owner for any purpose, provide the registration recording to the recording to the registration recording to the registration recording to the recording to the registration recording to the recording | d information to a                                      | n attorney or private                             |

investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will only contact the owner on occasion to interview them regarding an insurance claim (e.g. auto accident, stolen vehicle, or other auto-related claims). We

will not contact them for commercial purposes; we may provide the information to

an insurance company who insures the owner with auto coverage.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46:12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with ROW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be malled to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entitles are exempt from the \$2 fee. Contract holders are invoiced monthly.

## Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

RICHARD HARRE PRINT OF TYPE Name

Date and place (chilate) stoned

Signature of business or organization representative

Authorities:

## Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

## Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|---|--|--------------|------------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator?     | tion to      | ☐ Yes ☐ No |                              |                          |
| 2 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator?     | tion to      | Yes No     |                              |                          |
| 3 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use | •                        |
|   | Does the subscriber provide informa an attorney or private investigator?     | tion to      | Yes No     |                              |                          |
| 4 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide information an attorney or private investigator? | tion to      | ☐ Yes ☐ No |                              |                          |
| 5 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informal an attorney or private investigator?    | tion to      | ☐ Yes ☐ No |                              |                          |
| 6 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide information an attorney or private investigator? | tion to      | ☐ Yes ☐ No |                              |                          |
| 7 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informat an attorney or private investigator?    | ion to       | ☐ Yes ☐ No | 1                            |                          |

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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

13a If you currently have a CPS number, enter it here \_ Website Company/Agency name ballard parking.com LIC Parking Ballard Email (required) (Area code) Telephone number gioriav@olympicatnleticalub.com Contact name. Primary applicant and contract manager Gloria Villanueva (204)789-5010 (Area code) Telephone number (206) 789 - 5010 rachele@olympicathleticolus.com Contact name 2 (if applicable) Kachel Ecland Physical address of business (number and street) 5301 Leary Ave State 78007 MA Scattle Mailing address of business (if different) State ZIP code City WA Unified Business Identifier (UBI) Employer Identification Number (EIN) Taxpayer Identification Number (TIN) Provide one of 603061741 these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). we are a parking company who manages lots, issues tickets, collects fees. We use the CPS to find the registered owners of venicles with unpaid parking tickets.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We contact the registered owners by mail by sending a

notice of outstanding parking tickets.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

## Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1 3 18 KING COUNTY
Date and place (county) signed

Signature of business or organization representative

## Authorities:



Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

**Phone** (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

| If you currently have an IVIPS  | number, enter it here        |             |  |  |   |         |                                  |
|---|------------------------------|-------------|--|--|---|---------|----------------------------------|
| Company/Agency name<br>First-Citizens Bank & Trust  | Company                      |             |  |  | Website<br>None                               |         |                                  |
| Contact name, Primary applicant and con<br>Karen Ashe   |                              | ,           | (Area code) Telephone number<br>(919) 716-7564 |  | Email (required) Karen.Ashe@firstcitizens.com |         |                                  |
| Contact name 2 (if applicable) Maria Lucas  |                              |             | ) Telephone number<br>16-4299                  | per Email (required) Maria.Lucas@firstcitizens.com |   |         |                                  |
| Physical address of business (number ar<br>100 East Tryon Road  | nd street)                   | •           |  | '  |   |         |                                  |
| City<br>Raleigh   |                              |             |  | State<br>NC  |   |         | ZIP code<br>27603                |
| Mailing address of business (if different) PO BOX 26592   |                              |             |  |  |   |         |                                  |
| City<br>Raleigh   |                              |             |  | State<br>NC  |   |         | ZIP code<br>27611                |
| Provide one of these identifiers  | Taxpayer Identification Numb | oer (TIN)   | Employer Identifit                             | cation N   | umber (EIN)                                   | WA U    | nified Business Identifier (UBI) |
| Answer the following Provide a detailed explanation you will use the vehicle and we have the provided and |                              | siness acti | ivity (exactly w                               | hat yo   | our busines                                   | ss or a | agency does and how              |
| We are a financial institution using vin research to confirm  |                              |             |  | ring v   | ehicles/ve                                    | ssels.  | We utilize your system           |
|   |                              |             |  |  |   |         |                                  |
| Will you contact the owner for investigator, or to any other published the information or st  | ersons or businesses         | ? Use thi   | s space to de                                  | scribe   | how you w                                     | vill co | ntact the owner or               |
| We will not disclose or cont<br>and requires further actions  |                              |             |  | _  |   |         | _                                |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

## Submit the following documentation with your application:

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- Business outside Washington State Attach a legible copy of one of the following:
  - · Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - · Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Y

Signature objusiness or organization representative

Authorities:



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Email (quickest)
cps@dol.wa.gov
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Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

**Fax** (360) 570-7895

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| Company/Agency name<br>Gladstone Hyunda   |  |  |  | Website       |   |  |  |
|---|--|--|--|---------------|---|--|--|
| Contact name. Primary applicant and Cindy Locke   | contract manager   |  | (Area code) Telephone number 503-258-5711      |               | Email (required) cindy.locke@tonkin.com           |  |  |
| Contact name 2 (if applicable)<br>Theresa Burdick   |  |  |  |               |   |  |  |
| Physical address of business (numbe 19300 SE McLoughlin   | r and street)  |  |  |               |   |  |  |
| City<br>Gladstone   |  |  | Stat<br>OI                                     |               | ZIP code<br>97027                                 |  |  |
| Mailing address of business (if differe   | nt)  |  |  |               |   |  |  |
| City  | ***************************************  |  | Stat   | e             | ZIP code  |  |  |
| Provide <b>one</b> of   | Taxpayer Identification  | Number (TIN)Fr   | molover Identification                         | Number (EIN)  | WA Unified Business Identifier (UBI)              |  |  |
|   |  |  | 6d   |               |   |  |  |
| these identifiers<br>Answer the following<br>Provide a detailed explana   |  | business activity  |  | your busine   | ss or agency does and how                         |  |  |
| these identifiers<br>Answer the following<br>Provide a detailed explana<br>you will use the vehicle an<br>iVips account will be used  | d vessel records).   |  | (exactly what                                  |               | ss or agency does and how                         |  |  |
| these identifiers<br>Answer the following<br>Provide a detailed explana<br>you will use the vehicle an  | d vessel records).   |  | (exactly what                                  |               |   |  |  |
| these identifiers<br>Answer the following<br>Provide a detailed explana<br>you will use the vehicle an<br>iVips account will be used  | d vessel records).   |  | (exactly what                                  |               |   |  |  |
| these identifiers  Answer the following  Provide a detailed explana you will use the vehicle an iVips account will be used titles.  Will you contact the owner investigator, or to any othe | d vessel records).  I to titling and regist  for any purpose, pre- ir persons or busines | ration purposes a ration purposes a ration purposes a ration purposes a ration purposes are rational p | (exactly what and to run inquation record info | iries on trad | ed vehicles for duplicate  an attorney or private |  |  |

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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Burdick
PRINT or TYPE Name

12/14/17 Clackamas County Oregon

Date and place (county) signed

Signature of business or organization representative

## Authorities:



CHY OF GLADSTONE BUSINESS LICENSE 125 PORTLAND AVE GLAOSTONE, OR 97027 (501) 557-2769

License Type:

BusLicRes

License Number: BLRS0376 Date Issued:

Expiration Date:

5/1/2017 12/31/2017

Applicant represents that not more than 35.00 persons will regularly assist in conducting the business of AUTOMOTIVE DEALERSHIP in the

City of Gladstone, Oregon.

Customer Issued To (name): GEE AUTOMOTIVE VI, LLC/RON TONKIN KIA

**Business Address:** 19335 MCLOUGHLIN BLVD **GLADSTONE, OR 97027** 

Assistant City Administrator

This license must be placed in a conspicuous place. If licensee's place of business is not in Gladstone this license must be carried on person

of licensee or its employee.



CITY DE GLADSTŮME BUSINESS UCENSE 625 PORTLAND AVE GLADSTONE, OR 97027 (503) 357-2769

License Type:

**BusLicRes** 

License Number: BLRS0377

5/1/2017

Date Issued:

Expiration Date: 12/31/2017

Applicant represents that not more than 30.00 persons will regularly assist in conducting the business of AUTOMOTIVE DEALERSHIP in the City of Gladstone, Oregon.

Customer Issued To (name): GEE AUTOMOTIVE XIII, LLC/TONKIN GLADSTONE HYUNDAI

**Business Address:** 19300 MCLOUGHLIN BLVD **GLADSTONE, OR 97027** 

Assistant City Administrator

This license must be placed in a conspiculors place. If licensee's place of business is not in Gladstone this license must be carried on person

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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

| Company/Agency name   |                         |   |                       |                                       | Website     |         |                                  |
|---|-------------------------|---|-----------------------|---------------------------------------|-------------|---------|----------------------------------|
| Ron Tonkin Gresham Hond                                       | a                       |   |                       |                                       |             |         |                                  |
| Contact name. Primary applicant and co                        |                         |   |                       | de) Telephone number Email (required) |             | ed)     |                                  |
| Tami Ancheta  | 503-676-701             |   |                       | 7014 tancheta@tonkin.com              |             |         | in.com                           |
| Contact name 2 (if applicable)                                |                         | (Area code) Telephone number Email (required) |                       |                                       | ed)         | 1)      |                                  |
| Theresa Burdick   |                         | 503-261-5124 tburdick@tonk                    |                       |                                       | tin.com     |         |                                  |
| Physical address of business (number at 24999 SE Stark Street | nd street)              | <u> </u>                                      |                       |                                       |             |         |                                  |
| City  |                         |   |                       | State                                 |             |         | ZIP code                         |
| Troutdale   |                         |   | OR                    |                                       |             | 97060   |                                  |
| Mailing address of business (if different)                    |                         |   |                       |                                       | ,           |         |                                  |
|   | - 100-000               |   |                       |                                       |             |         | ,                                |
| City  |                         |   |                       | State                                 |             |         | ZIP code                         |
|   |                         |   |                       | <u> </u>                              |             | لــــــ |                                  |
| Provide one of  | Taxpayer Identification | Number (TIN)                                  | Employer Identific    | cation N                              | ımber (EIN) | WA U    | nified Business Identifier (UBI) |
| these identifiers   |                         |   | 6d                    |                                       |             |         |                                  |
| Answer the following  |                         |   |                       |                                       |             |         |                                  |
| Described and state the street as well as well.               |                         | h   | 41. ite e / 41. e s e | dank                                  | حجاجينا بيب | ~~ ~~ ~ | sacras doos and boss             |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

iVips account will be used to titling and registration purposes and to run inquiries on traded vehicles for duplicate titles.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

The information obtained using the iVips account will be used to contact the customer if required to complete the title and registration process.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
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By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Burdick
PRINT or TYPE Name

12/14/17 Clackamas County Oregon

Date and place (county) signed

Signature of business or organization representative

## Authorities:



## CITY OF TROUTDALE

219 E. Hist. Columbia River Hwy. - Troutdale, OR 97060-2078 - 503-665-5175

(

**BUSINESS LICENSE** 

7

LICENSE NO. 2017-1342

•

DATE ISSUED:

12/30/2016

B & E Import Co

DBA:

Tonkin Gresham Honda 24999 SE Stark Troutdale OR 97060

having complied with Chapter 5.04 of the Troutdale Municipal Code by filing in the Office of the City Recorder.

IS HEREBY AUTHORIZED AND LICENSED TO OPERATE THE ABOVE NAMED BUSINESS FOR: May not be valid without a Certificate of Occupancy (see reverse side of this form).

Dotail Automotive

Retail Automotive

License is valid through: December 31, 2017

City Recorder, City of Troutdale, Oregon



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Print and scan or upgrade to
Adobe Reader XI or above to fill it in
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Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

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| If you currently have a CPS no   | umber, enter it here _      |              |   |                     |                                      |  |  |
|--|-----------------------------|--------------|---|---------------------|--------------------------------------|--|--|
| Company/Agency name<br>Gresham Hyundai   |                             |              |   | Website             |                                      |  |  |
| Contact name. Primary applicant and con<br>Nichole Watkins   | ntract manager              |              | (Area code) Telephone number 503-257-2114 |                     | Email (required) nwatkins@tonkin.com |  |  |
| Contact name 2 (if applicable)<br>Theresa Burdick  |                             | , ,          | e) Telephone number<br>1-5124             |                     | rired)<br>k@tonkin.com               |  |  |
| Physical address of business (number ar 675 E. Burnside  | nd street)                  |              |   |                     |                                      |  |  |
| City<br>Gresham  |                             |              |   | State<br>OR         | ZIP code<br>97030                    |  |  |
| Mailing address of business (if different)   |                             |              |   |                     |                                      |  |  |
| City   |                             |              |   | State               | ZIP code                             |  |  |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Nun | nber (TIN)   |   | cation Number (EIN) | WA Unified Business Identifier (UBI) |  |  |
| you will use the vehicle and   | vessel records).            |              |   |                     | ess or agency does and how           |  |  |
| iVips account will be used to titles.  | o filling and registrat     | ion purpos   | ses and to run                            | inquiries on tra    | ded vehicles for duplicate           |  |  |
|  |                             |              |   |                     |                                      |  |  |
| Will you contact the owner for investigator, or to any other produced disclose the information or state. | persons or businesse        | s? Use th    | is space to de                            | scribe how you      |                                      |  |  |
| The information obtained us and registration process.  | ing the iVips accoun        | nt will be u | sed to contact                            | the customer if     | f required to complete the title     |  |  |

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Theresa Burdick
PRINT or TYPE Name

12/14/17 Clackamas County Oregon

Date and place (county) signed

Signature of business or organization representative

## Authorities:

## CITY OF GRESHAM LICENSE

This license evidences payment of the fee required by the Gresham Code 9.05.020 and Shall not be construed as authorizing conduct in violation of any law.

## POST IN A CONSPICUOUS PLACE

GRESH

Business Address: 675 NE BURNSIDE RD

License No.: 18-00000186

Expiration Date: March 01, 2018

Owner/Officer: RON TONKIN CHEVROLET CO

License Type: BUSINESS

RON TONKIN HYUNDA! DBA: RTL-M INC **PO BOX 76** GRESHAM OR 97030-0012

147.00

## SUMMARY OF CHARGES & PAYMENTS:

License #: 18-0000186

Expiration Date: March 01, 2018

Control #:0024473 **RON TONKIN HYUNDAI** 

Summary of Charges and Payments

0.00 Past Due Amount 75.00 License Charges 72.00 Additional Charges 0.00 Penalty Charges 0.00 Interest Charges 147.00 Amount Paid 0.00 **Amount Due** 

PER EMPLOYEE FEE >2

72.00 3.00000 X 24.00 =



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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

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| If you currently have a CPS nu   | umber, enter it here .       | 13a           |                    |                       | _                  |          |                                   |  |
|--|------------------------------|---------------|--------------------|-----------------------|--------------------|----------|-----------------------------------|--|
| Company/Agency name  |                              |               |                    |                       | Website            |          |                                   |  |
| Holmes Weddle & Bard   | cott. PC                     |               |                    |                       | www. hwb-law.com   |          |                                   |  |
| Contact name. Primary applicant and cor  |                              | (Area code)   | Telephone number   | nber Email (required) |                    |          |                                   |  |
| Linda Bauer  |                              | (206)2        | 292-8008           |                       | lbauer@hwb-law.com |          |                                   |  |
| Contact name 2 (if applicable)   |                              |               | Telephone number   |                       | Email (required)   |          |                                   |  |
| Joseph Martin  | (206) 292-8008               |               |                    |                       | jmartin(           | @hw      | /b-law.com                        |  |
| Physical address of business (number an  | nd street)                   |               |                    |                       |                    |          |                                   |  |
| 999 Third Avenue, Suit   | e 2600                       |               |                    |                       |                    |          |                                   |  |
| City   |                              |               |                    | State                 |                    |          | ZIP code                          |  |
| Seattle  |                              |               |                    | WA                    | 1                  |          | 98104                             |  |
| Mailing address of business (if different)   |                              |               |                    |                       |                    |          |                                   |  |
| Same as above  |                              |               |                    |                       |                    |          |                                   |  |
| City   |                              |               | State              |                       |                    | ZIP code |                                   |  |
|  |                              |               | l =                |                       | (5151)             | 14/4 1   | Inified Business Identifier (UBI) |  |
| Provide one of   | Taxpayer Identification Numb | er (TIN)      | Employer Identific | ation No              | imber (EIN)        |          | 0517143                           |  |
| these identifiers  |                              |               |                    |                       |                    | 00       | 0017140                           |  |
| Answer the following  Provide a detailed explanation   | on of your primary bus       | ingee acti    | ivity (exactly w   | hat v                 | our busines        | ss or    | agency does and how               |  |
| you will use the vehicle and   |                              | iiioss aou    | ivity (CAGOTTY VI  | riat y                | our buoilloc       | 00 01    | agono, acco ana men               |  |
| ,  |                              | abiala/vacc   | ol for nurnosos    | of sta                | tutory comp        | lianco   | moorage judgment                  |  |
| Identification of the registered a   |                              |               |                    |                       |                    |          |                                   |  |
| collections and other legal purp   |                              |               |                    |                       |                    |          |                                   |  |
| customers for any reason, even   | if the information is the    | clients, cu   | stomer's persor    | nal info              | rmation. Cli       | ents a   | and customers must apply          |  |
| for information through a public   | disclosure request to ob     | otain their r | ecords from DC     | L. Pro                | viding a scr       | een p    | rint may result in termination    |  |
| of this Agreement.   |                              |               |                    |                       |                    |          |                                   |  |
| Will you contact the owner for investigator, or to any other production or significant contents. | persons or businesses        | s? Use thi    | s space to des     | scribe                | how you w          | /ill co  | ntact the owner or                |  |
| Please see above statement.  |                              |               |                    |                       |                    |          |                                   |  |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Linda Bauer

PRINT or TYPE Name

111-100

Signature of business or organization representative

Authorities:

## Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

## Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

NA

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|---|--|--------------|------------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | ☐ Yes ☐ No |                              |                          |
| 2 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | ☐ Yes ☐ No |                              | 4                        |
| 3 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | ☐ Yes ☐ No |                              |                          |
| 4 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | ition to     | ☐ Yes ☐ No |                              |                          |
| 5 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | ition to     | ☐ Yes ☐ No |                              |                          |
| 6 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | ation to     | ☐ Yes ☐ No |                              |                          |
| 7 | Legal business name  | Contact name |            | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   | ı            |            | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | ation to     | ☐ Yes ☐ No |                              |                          |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



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| If v | IIOI | currently   | have a | CPS  | number    | ontor | it | horo |
|------|------|-------------|--------|------|-----------|-------|----|------|
| • •  | you  | Cull Cittly | Have c | COLO | Hullibel, | ente  | н  | HEIE |

13a

|             |  | Website www.an  | nica.com   |
|-------------|--|-----------------|--|
|             | e) Telephone number<br>32-6422 x 59315 | Email (requir   | gamica.com   |
| (Area cod   | e) Telephone number                    | Email (requir   | red)   |
|             |  |                 |  |
|             | 100%                                   |                 | ZIP code<br>97035  |
|             |  |                 | <u> </u>   |
|             | 100                                    |                 | ZIP code<br>02940  |
| ımber (TIN) | Employer Identificati                  | on Number (EIN) | WA Unified Business Identifier (UBI)                                 |
|             | imber (TIN)                            | s               | State Or  State RI  Imber (TIN) Employer Identification Number (EIN) |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Insurance automobile and homeowner claims. IVIPS is used to locate involved parties that we don'thave enough information on.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We do not release any information obtained by using IVIPS to any non-employee of Amica. It is used strictly within the claims department for the purpose of servicing those claims. In the event we do not have enough information from our insured to locate/contact a claimant, we will use the IVIPS to find more information. The contact will be for the purposes of claims handling only.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

## Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- · Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Janet A Kelley

**PRINT or TYPE** Name

December 11, 2017 Multnomah County, OR

Date and place (county) signed

Signature of business or organization representative

## Authorities:

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

## Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1       | Legal business name  | Contact name         | Email  | (Area code) Phone number |
|---------|--|----------------------|--|--------------------------|
|         | Amica Mutual Insurance   | Lanesheia Hatter     | lhatter@amica.com  | 800-882-6422 x 59312     |
|         | Address, City, State, Zip code   |                      | Subscriber's permissible use   |                          |
|         | 5005 Meadows Rd Suite 350 L  | ake Oswego Or 97035  | Employee   |                          |
|         | Does the subscriber provide information                                      | ation to             | 100 -  |                          |
| 景器      | an attorney or private investigator?   | Yes 🗹 N              | lo   |                          |
| 2       | Legal business name  | Contact name         | Email  | (Area code) Phone number |
|         | Amica Mutual Insurance   | Matthew Merry        | mmerry@amica.com   | 877-362-6422 x 67421     |
|         | Address, City, State, Zip code   |                      | Subscriber's permissible use   |                          |
| 136     | 13810 SE Eastgate Way Suite 1  | 60 Bellevue Wa 98005 | Employee   |                          |
|         | Does the subscriber provide information                                      | ation to             |  |                          |
| 135     | an attorney or private investigator?   | ☐ Yes 🗹 N            |  |                          |
| 3       | Legal business name  | Contact name         | Email  | (Area code) Phone number |
|         |  |                      |  |                          |
|         | Address, City, State, Zip code   |                      | Subscriber's permissible use   |                          |
|         |  |                      |  |                          |
|         | Does the subscriber provide information an attorney or private investigator? | ation to             |  |                          |
| O SHALL | Legal business name  | Contact name         | υλ   | Ta                       |
| 4       | Legal busiless flame   | Contact name         | Email  | (Area code) Phone number |
|         | Address, City, State, Zip code   |                      | Subscriber's permissible use   |                          |
|         | ruaree, e.y, etale, Elp eede   |                      | Subscriber's permissible use   |                          |
|         | Dogo the subscribes are ide info   | -E1-                 |  |                          |
|         | Does the subscriber provide information an attorney or private investigator? | Yes N                | lo   |                          |
|         | Legal business name  | Contact name         | Email  | (Area code) Phone number |
| 5       |  |                      |  | ( was seed) them hamber  |
|         | Address, City, State, Zip code   | <del></del>          | Subscriber's permissible use   |                          |
|         |  |                      | 33 1907 (1909) ( |                          |
|         | Does the subscriber provide informa  | ation to             |  |                          |
|         | an attorney or private investigator?   | ☐ Yes ☐ N            | 0  |                          |
| 6       | Legal business name  | Contact name         | Email  | (Area code) Phone number |
|         |  |                      |  |                          |
|         | Address, City, State, Zip code   |                      | Subscriber's permissible use   | *                        |
|         |  |                      |  |                          |
|         | Does the subscriber provide information                                      | ation to             |  |                          |
|         | an attorney or private investigator?   | ☐ Yes ☐ N            | 0  |                          |
| 7       | Legal business name  | Contact name         | Email  | (Area code) Phone number |
|         |  |                      | li li  |                          |
| 1000    | Address, City, State, Zip code   |                      | Subscriber's permissible use   |                          |
|         |  |                      |  |                          |
|         | Does the subscriber provide informa  | ation to             |  |                          |
| 1000    | an attorney or private investigator?   | ∟ res ∟ N            | 0  |                          |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



RPD-224-002 (R/6/17)WA Page 1 of 3

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| Company/Agency name ROLAND BLOWN LEGAL SE            | D. HOES        |                         | Website<br>QZIFG | ALSERVICES, COM                      |
|--|----------------|-------------------------|------------------|--------------------------------------|
| Contact name. Primary applicant and contract manager |                | ) Telephone number      | Email (require   | ed)                                  |
| ROLAND BROWN   | N              | 367-9444                | 257 56           | RONGRBLEBALSERACES.CO                |
| Contact name 2 (if applicable)                       |                | ) Telephone number      | Email (require   |                                      |
| Physical address of business (number and street)     |                |                         |                  |                                      |
| City CHERRY BRACH LOOF R                             | D.             | Sta                     | ate A            | ZIP code                             |
| TULALIN  |                |                         | WA               | 98271                                |
| Mailing address of business (if different)           |                |                         |                  |                                      |
| 10 Bax 360   |                |                         |                  |                                      |
| MARYSVILLE   |                | Sta                     | WA               | 21P code<br>98270                    |
| Provide one of Taxpayer Identification               | Number (TIN)   | Employer Identification | n Number (EIN)   | WA Unified Business Identifier (UBI) |
| these identifiers 6d                                 | 1              |                         |                  |                                      |
| Answer the following                                 | u e:           |                         |                  |                                      |
| Provide a detailed explanation of your primary       | business act   | ivity (exactly what     | t your busine:   | ss or agency does and how            |
| you will use the vehicle and vessel records).        | PONES          | G GEDVER                | INFON            | EEDED TO LOCATE                      |
|  |                |                         |                  | CLVED                                |
|  | EVASIVE        | LITIGANT                | $\Rightarrow$    |                                      |
|  |                |                         |                  |                                      |
|  |                |                         |                  |                                      |
|  |                |                         |                  |                                      |
|  |                |                         |                  |                                      |
| Will you contact the owner for any purpose, pro      | ovide the rea  | istration record in     | formation to     | an attorney or private               |
| investigator, or to any other persons or busines     |                |                         |                  |                                      |
| disclose the information or state that you will n    |                |                         |                  |                                      |
| 100  | ot disclose it | and will not come       | tot the owner.   | . This is required information.      |
| NO   |                |                         |                  |                                      |
|  |                |                         |                  |                                      |
|  |                |                         |                  |                                      |
|  |                |                         |                  |                                      |
|  |                |                         |                  |                                      |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations. penalties -RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

## Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

12/21/17 - SWOHOMISH Date and place (county) signed

Signature of business or organization representative

## Authorities:

## Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

## Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 100 |  |              |                              |                          |
|-----|--|--------------|------------------------------|--------------------------|
| 1   | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|     | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|     | Does the subscriber provide information attorney or private investigator?    |              | No                           |                          |
| 2   | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|     | Address, City, State, Zip code   | 1            | Subscriber's permissible use |                          |
|     | Does the subscriber provide information an attorney or private investigator? | ation to     | No                           |                          |
| 3   | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|     | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|     | Does the subscriber provide information an attorney or private investigator? | ation to     | No                           |                          |
| 4   | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|     | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|     | Does the subscriber provide information an attorney or private investigator? |              | No                           |                          |
| 5   | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|     | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|     | Does the subscriber provide information an attorney or private investigator? | ation to     | No                           |                          |
| 6   | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|     | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|     | Does the subscriber provide informan attorney or private investigator?       | ation to     | No                           |                          |
| 7   | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|     | Address, City, State, Zip code   |              | Subscriber's permissible use | 1                        |
|     | Does the subscriber provide information an attorney or private investigator? |              | No                           |                          |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dd.wa.gov

Print and scan or upgr

Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

> 77 20 %

(360) 570-7895

Lise the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html Do not use this form for personal or individual record requests.

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure approved. See Authorities at the bottom of Page 2 of this application. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact.

|          | is or agency does and how            | hat wour busine                      | tivity (exactly w            | of vour primary business ac         | Provide a detailed explanation of your primary business activity (exactly what your business or agency |
|----------|--------------------------------------|--------------------------------------|------------------------------|-------------------------------------|--|
| <u> </u> |                                      |                                      |                              | 6d                                  | these identifiers  |
|          | WA Unified Business Identifier (UBI) | Employer Identification Number (EIN) | Employer Identifica          | axpaver Identification Number (TIN) | Provide one of   |
|          | 99/33                                | wa                                   |                              |                                     | Grand Coulee   |
|          | ZIP code                             | State                                |                              |                                     | City   |
|          |                                      |                                      |                              |                                     | DO BOX 400   |
|          |                                      |                                      |                              |                                     | Mailing address of business (if different)   |
|          | 99/33                                | Wa                                   |                              |                                     | Grand Coules   |
|          | ZIP code                             | State                                |                              |                                     | City   |
|          |                                      |                                      |                              |                                     | SAG MANDAY AND   |
|          | C                                    |                                      |                              | street)                             | Physical address of business (number and street)   |
|          | Valeriel (essford com                |                                      | S09- 1233- 01/0              | 509                                 | Valerie Jess   |
|          | ed)                                  | Email (required)                     | (Area code) Telephone number | (Area coo                           | Contact name 2 (if applicable)   |
|          | garreflectestord com                 | garret                               | 509-633-0110                 |                                     | Francett less  |
|          | ed)                                  | Email (required)                     | (Area code) Telephone number |                                     | Contact name. Primary applicant and contract manager   |
|          |                                      | Website                              | ulee                         | Jess Ford of Grand Coulee           | Company/Agency name  |
|          |                                      |                                      | 13a                          | ber, enter it here                  | If you currently have a CPS number, enter it here  |
|          |                                      |                                      |                              |                                     |  |

you will use the vehicle and vessel records).

## Motor Vericle Dealer

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not share thus This is for us trading in to see who owns untormation with anyone.

services to a person named in the disclosed information. Disclosure of names and addresses of individual owners--- RCW contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or 46.12.635(1)(c). You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business

a sample notification letter. to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure.

imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640. your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in

criminal fines under the DPPA representation to obtain any personal information from an individual's motor vehicle record is also subject to federal Knowingly making a false statement or concealing a material fact required in this application or making false

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
- Your current business license or
- A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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- Your Articles of Incorporation, filed with the Secretary of State or
- Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state
- Private investigator Attach a legible copy of your current private investigator license

the foregoing is true and correct By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that

Authorities:

Date and place (county) signed

Ó

Grand County

Signature of business

ation representative

PRINT OF TYPE Nar

Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087 Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725



| aut 47   |  |
|--|--|
| STATE OF WASHINGTON  | Washington State Department of Revenue PO86x47476 · Olympia WA 98504-7476 · 1-800-647-7706   |
| 602 446 741<br>JESS FORD OF GRAND COULEE LLC   | COULEE LLC Permit Number: A10 4360 21  |
| GRAND COULEE, WA 99133-0048  | Effective Date: 01-01-2018<br>Expiration Date: 12-31-2021  |
| Business Activities:<br>NEW CAR DEALERS  |  |
| This permit can be used to purchase:  Merchandise and inventory for resale Ingredients, components, or chemical  | nis permit can be used to purchase:<br>Merchandise and inventory for resale without intervening use<br>Ingredients, components, or chemicals used in processing new articles of tangible personal property produced  |
| <ul> <li>Feed, seed, seedlings,</li> <li>Materials and contract</li> <li>Items for dual purpose</li> </ul>   | Feed, seed, seedlings, fertilizer, and spray materials by a farmer Materials and contract labor for retail/wholesale construction Items for dual purposes (see Purchases for Dual Purposes on back)  |
| This permit cannot be used to purchase: Items for personal or household use Promotional items or gifts Items used in your business that are not r Materials and contract labor for public roa Materials and contract labor for speculation               | is permit <u>cannot</u> be used to purchase: Items for personal or household use Promotional items or gifts Items used in your business that are not resold, such as office supplies, equipment, tools, and equipment rentals Materials and contract labor for public road construction or U.S. government contracting (see Definitions on back) Materials and contract labor for speculative building |
| This permit is no longe  | This permit is no longer valid if the business is closed.  |
| <ul> <li>The business named on this permit acknowle it is solely responsible for all purchases means of the permit:</li> <li>Subjects the business to a penalty of 5 imposed (RCW 82.32.291)</li> <li>May result in this permit being revoked</li> </ul> | <ul> <li>The business named on this permit acknowledges:</li> <li>It is solely responsible for all purchases made under this permit</li> <li>Misuse of the permit:</li> <li>Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291)</li> <li>May result in this permit being revoked</li> </ul>                       |
| Notes (optional):  |  |
| Important:The Depart   | Important:The Department of Revenue may use information from sellers to verify all purchases made with this permit were qualified.   |



### BUSINESS LCENSE

Limited Liability Company

JESS FORD OF GRAND COULEE, LLC JESS FORD OF GRAND COULEE 522 MIDWAY AVE GRAND COULEE, WA 99133

UNEMPLOYMENT INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

Unified Business ID #: 602446741 Business ID #: 001

Business ID #: 001 Location: 0001

Expires: Nov 30, 2018

INDUSTRIAL INSURANCE - ACTIVE
MOTOR VEHICLE DEALER #0210 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:
JESS FORD OF GRAND COULEE

conducted in compliance with all applicable Washington state, county, and city regulations. This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application and accurate to the best of his or her knowledge, and that business will be

STATE OF WASHINGTON

JESS FORD OF GRAND COULEE, LLC JESS FORD OF GRAND COULEE 522 MIDWAY AVE GRAND COULEE, WA 99133

UNEMPLOYMENT INSURANCE - ACTIVE INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE MOTOR VEHICLE DEALER #0210 - ACTIVE

Expires: Nov 30, 2018

Director, Department of Revenue



| <ul> <li>The business named on this permit acknowledges:</li> <li>It is solely responsible for all purchases made under this permit</li> <li>Misuse of the permit:</li> <li>Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291)</li> <li>May result in this permit being revoked</li> </ul> Notes (optional):   | The business named of the permit is solely responsible.  Misuse of the permit.  Subjects the bus imposed (RCW 8)  May result in this.  Notes (optional):        |
|--|---|
|  | This permit is no   |
| d to purchase: sehold use sehold use ss that are not resold, such as office supplies, equipment, tools, and equipment rentals or for public road construction or U.S. government contracting (see Definitions on back) or for speculative building   | This permit cannot be use Items for personal or hous Promotional items or gifts Items used in your busine Materials and contract lab Materials and contract lab |
| <ul> <li>This permit can be used to purchase:</li> <li>Merchandise and inventory for resale without intervening use</li> <li>Ingredients, components, or chemicals used in processing new articles of tangible personal property produced for sale</li> <li>Feed, seed, seedlings, fertilizer, and spray materials by a farmer</li> <li>Materials and contract labor for retail/wholesale construction</li> <li>Items for dual purposes (see Purchases for Dual Purposes on back)</li> </ul> | This permit can  Merchandise a  Ingredients, co for sale Feed, seed, se  Materials and c  |
| Expiration Date: 12-01-2017  | Business Activities:<br>NEW CAR DEALERS   |
| 01-01-2014   | 602 446 741<br>JESS FORD OF<br>PO BOX 48<br>GRAND COULEE  |
| Washington State Department of Revenue PO Box 47476 • Olympia, WA 98504-7476 • 1-800-647-7706  Permit Number: A10 4360 17  | STATE OF WASHINGTON   |



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

13a

| If you currentl | v have a                                | a C | PS | number. | enter  | it here |
|-----------------|---|-----|----|---------|--------|---------|
|                 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ~ ~ |    |         | 011101 |         |

Company/Agency name Website Royal Moore Subaru royalmoore.com Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) Maureen Springer 503-640-5660 mspringer@royalmoore.com Contact name 2 (if applicable) (Area code) Telephone number Email (required) Physical address of business (number and street) 1326 S.E. Enterprise Circle State ZIP code Hillsboro Oregon 97123 Mailing address of business (if different) P.O. Box 646 State ZIP code Hillsboro **Oregon** 97123

these identifiers
Answer the following

Provide one of

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Employer Identification Number (EIN)

WA Unified Business Identifier (UBI)

Taxpaver Identification Number (TIN)

6d

New and Esed vehicle Sales

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not disclose or contact the owner.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- · Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

|                                | Maureen Springer, Comptroller                        |   |
|--------------------------------|--|---|
|                                | PRINT or TYPE Name                                   | *************************************** |
|                                | * Milleren Fringer                                   |   |
| Date and place (county) signed | Signature of business or organization representative |   |
|                                | $\mathcal{O}$  |   |

### Authorities:

# VEHICLE DEALER CERTIFICATE

からの とうから 美術のなる ちゅうしゅうし

### **DA2681**

EFFECTIVE: MARCH 1, 2018

EXPIRES: FEBRUARY 28, 2021

Issued To:

ROYAL MOORE BUICK GMC INC DBA: ROYAL MOORE SUBARU 1326 SE ENTERPRISE CIR HILLSBORO OR 97123

provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040 This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the

location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050 To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other

Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314

\* ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE \*



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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| If you currently have a CPS no  | umber, enter it here                              |            |                                     |  |                     |                 |   |  |
|---|---|------------|-------------------------------------|--|---------------------|-----------------|---|--|
| Company/Agency name Ron Tonkin Acura  |   |            |                                     |  | Website             |                 |   |  |
| Contact name. Primary applicant and cor<br>Meghan Gauntt  | (Area code)<br>503-203                            |            | Email (required) mgauntt@tonkin.com |  |                     |                 |   |  |
| Contact name 2 (if applicable) Theresa Burdick  | (Area code) Telephone number 503-261-5124         |            |                                     | Email (required) tburdick@tonkin.com                             |                     |                 |   |  |
| Physical address of business (number ar 9655 SW Canyon Road   | nd street)  |            |                                     |  |                     |                 |   |  |
| City<br>Portland  |   |            |                                     | State<br>OR  |                     |                 | ZtP code<br>97225                           |  |
| Mailing address of business (if different)  |   |            |                                     |  |                     |                 |   |  |
| City  |   |            |                                     | State  |                     |                 | ZIP code                                    |  |
| Provide one of these identifiers  | Taxpayer Identification Numb                      | er (TIN)   |                                     | identification Number (EIN) WA Unified Business Identifier (UBI) |                     |                 |   |  |
| Answer the following Provide a detailed explanation you will use the vehicle and will be used to fitles.                                | vessel records).  to titling and registration     | on purpos  | vity (exactly w                     | hat your   | on trade            | ed ve           | hicles for duplicate                        |  |
| Will you contact the owner for investigator, or to any other produced disclose the information of standard usuand registration process. | persons or businesses<br>tate that you will not d | ? Use this | s space to des<br>and will not co   | scribe ho<br>ontact the  | w you w<br>e owner. | vill co<br>This | ntact the owner or is required information. |  |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Burdick
PRINT or TYPE Name

12/14/17 Clackamas County Oregon

Date and place (county) signed

Signature of business er organization representative

### Authorities:



### CITY OF PORTLAND

OFFICE OF MANAGEMENT AND FINANCE BUREAU OF REVENUE AND FINANCIAL SERVICES

Ted Wheeler, Mayor Ken Rust, Chief Financial Officer Thomas W. Lannom, Revenue Division Director

Terri Williams, Manager Tax Division Revenue Division 111 SW Columbia Street, Suite 600 Portland, Oregon 97201-5840

(503) 823-5157 FAX (503) 823-5192 TDD (503) 823-6868

May 19, 2017

GEE AUTOMOTIVE PORTLAND X LLC DBA RON TONKIN ACURA 4560 SE INTERNATIONAL WAY STE 209 MILWAUKIE OR 97222-4628

Account Number

6a

RE: Certificate of Compliance

Ouestions? Call (503) 865-2478



### CERTIFICATE OF COMPLIANCE

REVENUE DIVISION - TAX DIVISION, 117 SW COLUMBIA ST., SUITE 600, PORTLAND, OR 97201-6840 PHONE: (603)-823-5167, FAX-(503)-823-5192, TDD: (603)-823-6868:::



DATE ISSUED: May 19, 2017

ACCOUNT:

Kerify compliance at www.portlandoregon.gov/biztax

TAXFILER:

GEE AUTOMOTIVE PORTLAND-X LLC

DBA RON TONKIN ACURA

4560 SE INTERNATIONAL WAY STE 209

MILWAUKIE OR 97222-4628

LOCATION: 9655 SW CANYON RD

部队,张月第二位

PORTLAND OR 97225

Is in compliance with the City of Portland Business License Tax Law and Multnomali County Business Licome Tax Law as of May 19, 2017.

A Certificate of Compliance indicates that on the date of issuance the business was in compliance with applicable tax laws, it does not exempt the holder from annual filing requirements, nor does it entitle the holder to engage in any business activity not otherwise allowed by federal, state, and/or local laws,

REVBUR 12/09



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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| f you currently have a CPS nu  | ımber, enter it here         |                        | · · · · · · · · · · · · · · · · · · · |                     |  |
|--|------------------------------|------------------------|---------------------------------------|---------------------|--|
| Company/Agency name<br>Ron Tonkin Kia  |                              |                        |                                       | Website             |  |
| Contact name, Primary applicant and con<br>Amy Ivanov  | tract manager                | (Area code)<br>503-258 | Telephone number<br>3-6394            |                     | <sup>ired)</sup><br>anov@tonkin.com  |
| Contact name 2 (if applicable) Theresa Burdick   |                              | (Area code)<br>503-261 | Telephone number -5124                |                     | <sup>ulred)</sup><br>k@tonkin.com  |
| Physical address of business (number an 19335 SE McLoughlin Blvd                             |                              |                        |                                       |                     |  |
| City<br>Gladstone  |                              |                        |                                       | State<br>OR         | ZIP code<br>97027  |
| Mailing address of business (if different)   |                              |                        |                                       |                     |  |
| City   |                              |                        | - "                                   | State               | ZIP code   |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Numb | oer (⊤IN)              | Employer Identific                    | cation Number (EIN) | WA Unified Business Identifier (UBI)   |
| Answer the following Provide a detailed explanatio you will use the vehicle and v            |                              | iness acti             | vity (exactly w                       | hat your busin      | ess or agency does and how   |
| iVips account will be used to titles.  | o titling and registration   | on purpos              | es and to run                         | inquiries on tra    | ded vehicles for duplicate   |
|  |                              |                        |                                       |                     |  |
| Will you contact the owner fo investigator, or to any other p disclose the information or st | persons or businesses        | ? Use this             | s space to des                        | scribe how you      | an attorney or private<br>will contact the owner or<br>er. This is required information. |
| The information obtained us and registration process.  | ing the iVips account        | will be us             | sed to contact                        | the customer in     | f required to complete the title   |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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### Submit the following documentation with your application:

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- Business outside Washington State Attach a legible copy of one of the following:
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- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Burdick
PRINT or TYPE plame

12/14/17 Clackamas County Oregon

Date and place (county) signed

Signature of business or organization representative

### Authorities:



CITY OF GLAUSTONE BUSINESS LICENSE 525 PORTLAND AVE GLADSTONE, OR 97927 (501) 557-2769

License Type:

**BusLicRes** 

License Number: BLRS0376 Date Issued:

5/1/2017

12/31/2017 Expiration Date:

Applicant represents that not more than 35.00 persons will regularly assist in conducting the business of AUTOMOTIVE DEALERSHIP in the City of Gladstone, Oregon.

Customer Issued To (name): GEE AUTOMOTIVE VI, LLC/RON TONKIN KIA

**Business Address:** 19335 MCLOUGHLIN BLVD **GLADSTONE, OR 97027** 

Assistant City Administrator

This license must be placed in a conspictious place, if licensee's place of business is not in Gladstone this license must be carried on person of licensee or its employee.



CITY OF GLADSTONE BUSINESSUCENSE 5/5 PORTLAND AVE GLAUSTONE, OR 97027 (903) 557-27<del>6</del>9

License Type:

**BusLicRes** 

License Number: BLRS0377

Date Issued:

5/1/2017

Expiration Date: 12/31/2017

Applicant represents that not more than 30.00 persons will regularly assist in conducting the business of AUTOMOTIVE DEALERSHIP in the City of Gladstone, Oregon.

Customer Issued To (name): GEE AUTOMOTIVE XIII, LLC/TONKIN GLADSTONE HYUNDAI

**Business Address:** 19300 MCLOUGHLIN BLVD **GLADSTONE, OR 97027** 

Assistant City Administrator

This license must be placed in a conspicuous place. If licensee's place of business is not in Gladstone this license must be carried on person

of licensee or its employee.



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Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

Fax

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| Company/Agency name<br>Ron Tonkin Mazda  |  |               |   | Website   |   |  |
|--|--|---------------|---|---|---|--|
| Contact name, Primary applicant as<br>Breanna Schuttle   | ontact name. Primary applicant and contract manager  |               | (Area code) Telephone number 503-408-4515 |   | ed)<br>schuttle@tonkin.com                        |  |
| Contact name 2 (if applicable) Theresa Burdick   |  |               |   | Email (requir<br>tburdick)                                  | <sup>ed)</sup><br>@tonkin.com                     |  |
| Physical address of business (num<br>750 SE 122nd Ave  | ber and street)  |               |   |   |   |  |
| City<br>Portland   |  |               | 1 -                                       | tate<br>DR  | ZIP code<br>97225                                 |  |
| Malling address of business (if diffe  | erent)   |               |   |   |   |  |
| City   |  |               | S   | late  | ZIP code  |  |
| Provide one of these identifiers   | Taxpayer Identification Nu   | imber (TIN)   | Employer identification                   | entification Number (EIN) WA Unified Business Identifier (U |   |  |
| Answer the following   |  |               |   |   |   |  |
|  |  | usiness activ | vity (exactly wha                         | it your busine  | ss or agency does and how                         |  |
| Provide a detailed explain<br>you will use the vehicle at<br>iVips account will be us  | and vessel records).   |               |   |   | ss or agency does and how                         |  |
| Provide a detailed explain you will use the vehicle a  | and vessel records).   |               |   |   |   |  |
| Provide a detailed explain<br>you will use the vehicle at<br>iVips account will be us  | and vessel records).   |               |   |   |   |  |
| Provide a detailed explar you will use the vehicle a iVips account will be us titles.  Will you contact the own investigator, or to any other. | and vessel records).  sed to titling and registra  er for any purpose, provincer persons or business | ation purpose | es and to run inc                         | quiries on trad   | led vehicles for duplicate an attorney or private |  |

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- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Burdick
PRINT-or-TYPE Name

12/14/17 Clackamas County Oregon

Date and place (county) signed

Signature of business or organization representative

### Authorities:



### CITY OF PORTLAND

OFFICE OF MANAGEMENT AND FINANCE BUREAU OF REVENUE AND FINANCIAL SERVICES

Ted Wheeler, Mayor Ken Rust, Chief Financial Officer Thomas W. Lannom, Revenue Division Director Terri Williams, Manager
Tax Division
Revenue Division
111 SW Columbia Street, Suite 600
Portland, Oregon 97201-5840
(503) 823-5157
FAX (503) 823-5192
TDD (503) 823-6868

May 19, 2017

GEE AUTOMOTIVE PORTLAND II LLC DBA RON TONKIN MAZDA 4560 SE INTERNATIONAL WAY STE 209 MILWAUKIE OR 97222-4628 Account Number

6a

RE: Certificate of Compliance

Questions? Call (503) 865-2858



### CERTIFICATE OF COMPLIANCE

REVENUE DIVISION - TAX DIVISION, 111 SW COLUMBIA ST., SUITE 600, PORTLAND, OR 97201-5840 PHONE: (603)-823-5157, FAX: (603)-823-5192, TDD: (503)-823-6888



ACCOUNT:

6a

DATE ISSUED: May 19, 2017

Verify compliance at www.portlandoregon.gov/biztax

TAXFILER: GEE AUTOM

GEE AUTOMOTIVE PORTLAND ILLIC

DBA RON TONKIN MAZDA

4560 SE INTERNATIONAL WAY STE 209

MILWAUKIE OR 97222-4628

LOCATION: 750 SE 122ND AVE

PORTLAND OR 97233

Is in compliance with the City of Portland Business License Tax Law and Multnomah County Business Income Tax Law as of May 19, 2017.

A. Certificate of Compilance indicates that on the date of issuance the business was in compilance with applicable tax laws. It does not exempt the holder from annual filling requirements, nor does it entitle the holder to engage in any business activity not otherwise allowed by federal, state, and/or local laws, REVINIR 12109

An Equal Opportunity Employer



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Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| Company/Agency name<br>Ron Tonkin Toyota  |   |   |  | Website           |   |           |
|---|---|---|--|-------------------|---|-----------|
| Contact name. Primary applicant and contract manager Michelle Ennis   |   | (Area code) Telephone number 503-408-4513 |  |                   | Email (required) michelle,ennis@tonkin.com                                    |           |
| Contact name 2 (if applicable)<br>Theresa Burdick   |   |   | (Area code) Telephone number 503-261-5124  |                   | Email (required)<br>tburdick@tonkin.com                                       |           |
| Physical address of business (numb<br>750 SE 122nd Ave  | per and street)                                   |   |  |                   |   |           |
| ity<br>Portland   |   |   |  | State<br>OR       | ZIP code<br>97225   |           |
| Mailing address of business (if diffe   | rent)   |   |  |                   |   |           |
| City  |   |   |  | State             | ZIP code  |           |
| Provide <b>one</b> of   | Taxpayer Identification Nur                       | nber (TIN)                                | Employer Identifica  | tion Number (EIN) | WA Unified Business Identifi  | er (UBI)  |
| hese identifiers  |   |   | 6d   |                   |   |           |
| these identifiers<br>Answer the following<br>Provide a detailed explar  | nation of your primary build vessel records).     | usiness act                               |  | nat your busin    | ess or agency does an   | d how     |
| these identifiers<br>Answer the following<br>Provide a detailed explar<br>you will use the vehicle a  |   |   | tivity (exactly wh   |                   |   |           |
| these identifiers  Answer the following  Provide a detailed explar  you will use the vehicle a  iVips account will be us  | and vessel records).                              |   | tivity (exactly wh   |                   |   |           |
| these identifiers  Answer the following  Provide a detailed explar you will use the vehicle a iVips account will be us- titles.   | and vessel records).  ed to titling and registrat | tion purpos                               | tivity (exactly where  | nquiries on tra   | ded vehicles for duplic   |           |
| hese identifiers Answer the following Provide a detailed explar you will use the vehicle a iVips account will be us- titles.  Will you contact the own- nvestigator, or to any oth- | and vessel records).                              | tion purpos<br>de the reg                 | tivity (exactly where sees and to run in its interest is stration record is space to description.) | inquiries on tra  | ded vehicles for duplic<br>o an attorney or private<br>will contact the owner | ate<br>or |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- · Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Burdick
PRINT or TYPE Name

12/14/17 Clackamas County Oregon

Date and place (county) signed

Signature of business or organization representative

### Authorities:



### City of ${f P}$ ortland

BUREAU OF REVENUE AND FINANCIAL SERVICES

Ted Wheeler, Mayor Ken Rust, Chief Financial Officer Thomas W. Lannom, Revenue Division Director

Terri Williams, Manager Tax Division Revenue Division 111 SW Columbia Street, Suite 600 Portland, Oregon 97201-5840 (503) 823-5157 FAX (503) 823-5192 TDD (503) 823-6868

May 19, 2017

GEE AUTOMOTIVE PORTLAND I LLC DBA RON TONKIN TOYOTA 4560 SE INTERNATIONAL WAY STE 209 MILWAUKIE OR 97222-4628

Account Number

RE: Certificate of Compliance

Questions? Call (503) 865-2858



### CERTIFICATE OF COMPLIANCE

REVENUE DIVISION - TAX DIVISION, 111 SW COLUMBIA ST., SUITE 600, PORTLAND, OR 97201-6840 PHONE: (603)-823-6167, FAX: (603)-823-5182, TDD: (603) 823-6868...



ACCOUNT:

DATE ISSUED: May 19, 2017

Verify compliance at www.portlandoregon.gov/biztax

TAXFILER: GEE AUTOMOTIVE PORTLAND ILLC

DBA RON TONKIN TOYOTA

4560 SE INTERNATIONAL WAY STE 209

MILWAUKIE OR 97222-4628

LOCATION: 750 SE 122ND AVE

PORTLAND OR 97233

Is in compliance with the City of Portland Business License Tax Law and Multnomali County Business Income Tax Law as of May 19, 2017.

A Cartificate of Compliance indicates that on the date of Issuance the business was in compliance with applicable tax laws. It does not exempt the holder from annual filing requirements, nor does it entitle the holder to engage in any business activity not otherwise allowed by federal, state, and/or local laws.

REYBUR 12/09



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Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

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PO Box 2957 Olympia, WA 98507 Fax

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| If yo | ou | currently | have | a | CPS | number, | enter | it | here |
|-------|----|-----------|------|---|-----|---------|-------|----|------|
|-------|----|-----------|------|---|-----|---------|-------|----|------|

13a

| Company/Agency name Sitka Investigative Ser               | rvices, Inc.                    |              |                                  | Website<br>WWW.sit | tkainvestigations.com                    |         |
|---|---------------------------------|--------------|----------------------------------|--------------------|--|---------|
| Contact name. Primary applican<br>Christian Martin        | t and contract manager          |              | le) Telephone number<br>937-1113 | Email (requi       |  | m       |
| Contact name 2 (if applicable)                            |                                 |              | e) Telephone number              | Email (required)   |  |         |
| Physical address of business (no 5358 33rd Ave. NW S      |                                 |              |                                  |                    |  |         |
| City<br>Gig Harbor  |                                 |              | 100000                           | nte<br>VA          | ZIP code<br>98335                        |         |
| Mailing address of business (if d<br>6523 Californa Avenu | ifferent) e SW Suite B          |              |                                  |                    | 70333                                    |         |
| City<br>Seattle, WA                                       |                                 |              | Sta                              | ite<br>/A          | ZIP code<br>98136                        |         |
| Provide <b>one</b> of these identifiers                   | Taxpaver Identification N<br>6d | Number (TIN) | Employer Identification          |                    | WA Unified Business Identified 601898830 | r (UBI) |
| Answer the following                                      |                                 |              |                                  |                    | 1000000                                  |         |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Investigation, Protection & Service of Process. Will use searches to identify and locate suspects who are believed to pose a danger to clients, for the purpose of conducting threat assessments and maintaining surveillance; as well as locate subjects for legal service of process.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

I will not contact the owner, except in the cases in which I am attempting to serve legal documents. Nor will I disclose the information to other parties outside of those involved with providing protection or conducting legal surveillance.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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- · Business outside Washington State Attach a legible copy of one of the following:
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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Christian Martin

PRINT or TYPE Name

15 NOVEMBER 2017 King County

Date and place (county) signed

X S

Signature of business or organization representative

### Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name   | Contact name      | Email                        | (Area code) Phone number |
|---|---|-------------------|------------------------------|--------------------------|
|   | Address, City, State, Zip code  |                   | Subscriber's permissible use | 9                        |
|   | Does the subscriber provide info<br>an attorney or private investigato  | ormation to or?   | □ No                         |                          |
| 2 | Legal business name   | Contact name      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  |                   | Subscriber's permissible use | 3                        |
|   | Does the subscriber provide info<br>an attorney or private investigato  |                   | No                           |                          |
| 3 | Legal business name   | Contact name      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  |                   | Subscriber's permissible use |                          |
|   | Does the subscriber provide info<br>an attorney or private investigate  | rmation to        | □ No                         |                          |
| 4 | Legal business name   | Contact name      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  |                   | Subscriber's permissible use |                          |
|   | Does the subscriber provide info<br>an attorney or private investigato  | mation to         | □ No                         |                          |
| 5 | Legal business name   | Contact name      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  | 7                 | Subscriber's permissible use |                          |
|   | Does the subscriber provide infor<br>an attorney or private investigato | rmation to r? Yes | □ No                         |                          |
| 6 | Legal business name   | Contact name      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  |                   | Subscriber's permissible use |                          |
|   | Does the subscriber provide infor an attorney or private investigator   | rmation to r? Yes | □ No                         |                          |
| 7 | Legal business name   | Contact name      | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code  |                   | Subscriber's permissible use |                          |
|   | Does the subscriber provide infor an attorney or private investigator   | rmation to r? Yes | □ No                         |                          |

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If you currently have a CPS number, enter it here \_\_\_\_\_

| Company/Agency name  |   |            |                    |                              | Website      |             |   |  |  |  |
|--|---|------------|--------------------|------------------------------|--------------|-------------|---|--|--|--|
| Washington Leg   | al Messengers, Inc.   |            | 3                  |                              | www.Was      | hingt       | onLegalMessengers.com                                 |  |  |  |
| Contact name. Primary applicant a  | ontact name. Primary applicant and contract manager                                     |            |                    | (Area code) Telephone number |              |             |   |  |  |  |
| Tom Bice, G  | Tom Bice, General Manager   |            |                    | (206) 374-0100               |              |             | WLM@WashingtonLegalMessengers.com                     |  |  |  |
| Contact name 2 (if applicable)   | applicable) (Area code) Telepho   |            | ) Telephone number | hone number Email (required) |              | ed)         |   |  |  |  |
| Physical address of business (num  |   |            |                    |                              |              |             |   |  |  |  |
|  | venue, Suite B  |            | • 100              |                              | 4-4          |             | <b>-</b>  |  |  |  |
| City   |   |            |                    | State                        |              |             | ZIP code  |  |  |  |
| Seattle  |   |            |                    | <u></u>                      | WA           |             | 98121   |  |  |  |
| Mailing address of business (if diffe                                      | erent)  |            |                    |                              |              |             |   |  |  |  |
| City   |   |            |                    | State                        |              |             | ZIP code  |  |  |  |
| Provide <b>one</b> of these identifiers                                    | Taxpayer Identification Numb  | oer (TIN)  | Employer Identific | cation N                     | lumber (EIN) | 30000000000 | Inified Business Identifier (UBI)<br>1514797-001-0002 |  |  |  |
| Answer the following Provide a detailed explain you will use the vehicle a | nation of your primary bus<br>and vessel records).                                      | siness act | ivity (exactly w   | /hat y                       | our busine   | ss or       | agency does and how                                   |  |  |  |
| search vehicle records t   | ger company and serve le<br>to help facilitate service of<br>current for a defendant of | of process | s on defendar      | nts. T                       | his informa  | ation       | is used to verify if                                  |  |  |  |
| Will you contact the own   | er for any purpose, provid  | e the regi | stration record    | d infor                      | mation to a  | an att      | orney or private                                      |  |  |  |

investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. No, we do not contact the owner of the vehicle nor do we disclose that info to an attorney or a private investigator. We would only provide this information to our process server who is serving legal documents on that defendant.

RPD-224-002 (R/6/17)WA Page 1 of 3

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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Tom Bice

PRINT or TYPE Name

February 1st, 2018, King County, WA

Date and place (county) signed

Signature of business or organization representative

C

### Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

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|   | Legal business name   | Contact name                          |         | E  | mail                         | T | (Area code) Phone number |  |
|---|---|---------------------------------------|---------|----|------------------------------|---|--------------------------|--|
| 1 |   |                                       |         |    |                              |   |                          |  |
|   | Address, City, State, Zip code  |                                       |         | S  | Subscriber's permissible use |   |                          |  |
|   |   |                                       |         |    |                              |   |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?        | tion to                               | ☐ Yes ☐ | No |                              |   |                          |  |
| 2 | Legal business name   | Contact name                          |         | E  | mail                         |   | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |                                       |         | S  | Subscriber's permissible use |   |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?        | tion to                               | ☐ Yes ☐ | No |                              |   |                          |  |
| 3 | Legal business name   | Contact name                          |         | E  | Email                        |   | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |                                       |         | 5  | Subscriber's permissible use |   |                          |  |
|   |   | · · · · · · · · · · · · · · · · · · · |         |    |                              |   |                          |  |
|   | Does the subscriber provide informa<br>an attorney or private investigator?     | ition to                              | ☐ Yes ☐ | No |                              |   |                          |  |
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|   | Address, City, State, Zip code  |                                       |         | 8  | Subscriber's permissible use |   |                          |  |
|   | Double subscriber and identification to   |                                       |         |    |                              |   |                          |  |
|   | Does the subscriber provide information to an attorney or private investigator? |                                       |         | No |                              |   |                          |  |
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|   | Address, City, State, Zip code  Does the subscriber provide information to      |                                       |         |    | Subscriber's permissible use |   |                          |  |
|   |   |                                       |         |    |                              |   |                          |  |
|   | an attorney or private investigator?  | ation to                              | ☐ Yes ☐ | No |                              |   |                          |  |
| 6 | Legal business name   | Contact name                          |         | E  | Email                        |   | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |                                       |         |    | Subscriber's permissible use |   |                          |  |
|   | Does the subscriber provide information to an attorney or private investigator? |                                       |         | No |                              |   |                          |  |
| 7 | Legal business name   | Contact name                          |         | E  | Email                        |   | (Area code) Phone number |  |
|   | Address, City, State, Zip code  | L                                     |         |    | Subscriber's permissible use |   |                          |  |
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If you currently have a CPS number, enter it here

| Company/Agency name SUNSET CHEVROLET INC  | NC                                   |   | Website                     |   |
|---|--------------------------------------|---|-----------------------------|---|
| Contact name, Primary applicant and contract manager JOAN GORDON  |                                      | (Area code) Telephone number 253-863-8144 | Email (required) GORDONSS:  | Email (required) GORDONSS2001@YAHOO.COM   |
| Contact name 2 (if applicable) CRISTI ACUNA   | (Are<br>25                           | (Area code) Telephone number 253-863-8144 | Email (required) CRISTIACUI | Email (required) CRISTIACUNA@SUNSETCHEV.C |
| Physical address of business (number and street) 910 TRAFFIC AVE  | and street)                          |   |                             |   |
| city<br>SUMNER  |                                      | State<br>WA                               | A                           | ZIP code<br>98390                         |
| Mailing address of business (if different)  | 0                                    |   |                             |   |
| City  |                                      | State                                     |                             | ZIP code                                  |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN) | V) Employer Identification Number (EIN)   |                             | WA Unified Business Idenlifier (UBI)      |
| Answer the following  |                                      |   |                             |   |
| Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how | tion of your primary business        | s activity (exactly what )                | our business or             | agency does and how                       |

you will use the vehicle and vessel records).

VEHICLES TO CHECK REGISTERED AND LEGAL OWNERSHIP OF PURCHASED VEHICLES AND TRADE IN NEW AND USED CAR DEALERSHIP

investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Will you contact the owner for any purpose, provide the registration record information to an attorney or private

WE WILL NOT DISCLOSE THE INFORMATION

services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business 9

to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to a sample notification letter. termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure

your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in -RCW 46.12.640.

criminal fines under the DPPA. representation to obtain any personal information from an individual's motor vehicle record is also subject to federal Knowingly making a false statement or concealing a material fact required in this application or making false

accessed. Government entities are exempt from the \$2 fee. CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record Contract holders are invoiced monthly.

# Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
- Your current business license or
- Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN) A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
- Non-profit organization or corporation Attach a legible copy of one of the following:
- Your Articles of Incorporation, filed with the Secretary of State or
- Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state
- Private investigator Attach a legible copy of your current private investigator license

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct

12/11/17 SUMNER PIERCE CO

Date and place (county) signed

PRINT or TYPE Name

20200

Signature of business or organization representative

Authorities:

Washington Administrative Code (WAC) 308-10-075, 308-93-087 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725



4885-

SUNSET CHEVROLET, INC. 910 TRAFFIC AVE SUMNER WA 98390-1142

DETACH BEFORE POSTING



### **BUSINESS LICENSE**

Corporation

SUNSET CHEVROLET, INC. 910 TRAFFIC AVE SUMNER, WA 98390-1142

TAX REGISTRATION - ACTIVE

Unified Business ID #: 277002067 Business ID #: 001

Location: 0001

Expires: Oct 31, 2018

MOTOR VEHICLE DEALER #0524 - ACTIVE

CITY ENDORSEMENTS:

SUMNER GENERAL BUSINESS #BUS2002-294 - ACTIVE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith

Director, Department of Revenue

### WASHINGTON STATE DEPARTMENT OF LICENSING

### Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Mail

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_ Company/Agency name Website South Kitsap High School Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) 360-874-5601 Foxd obkschools.org Diane Fox (Area code) Telephone number Contact name 2 (if applicable) 360-874-5606 Charla CuleosKachools.org Physical address of business (number and street) 425 mitchel Ave 98366 Orchard WA Mailing address of business (if different) City State ZIP code Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of 91-6001633 these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are a high school and our Campus security will use it to help with vehicle parking/trespassing violators. Along with parking engestion, blocking busses, fire lane and no parking violators. Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. yes, we will attempt to locate the driver of the currends to be moved.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

wember 14,2017 Kitsan

Date and place (county) signed

Signature of business or organization representative

### Authorities:



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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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| lf y | /ou | currently | have | a | CPS | number. | enter | it here |
|------|-----|-----------|------|---|-----|---------|-------|---------|
|------|-----|-----------|------|---|-----|---------|-------|---------|

13a

| Company/Agency name<br>Law Office Of William             | m DeVoe                             |  | Website  |                                      |
|--|-------------------------------------|--|--|--------------------------------------|
| Contact name. Primary applican<br>William DeVoe          |                                     | a code) Telephone number<br>06) 251-1688 | to the state of th | red)<br>@lawdevoe.com                |
| Contact name 2 (if applicable)                           | (Area                               | a code) Telephone number                 | Email (requi   | red)                                 |
| Physical address of business (n<br>Broderick Building Su |                                     |  |  |                                      |
| City<br>Seattle  |                                     |  | State<br>WA  | ZIP code<br>98104                    |
| Mailing address of business (if d                        | lifferent)                          |  |  |                                      |
| City   |                                     |  | State  | ZIP code                             |
| Provide <b>one</b> of these identifiers                  | Taxpayer Identification Number (TIN | ) Employer Identific                     | ation Number (EIN)   | WA Unified Business Identifier (UBI) |
| Answer the following                                     | -                                   |  |  |                                      |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Attorney at Law and I will use the records to collect amounts owed for boat

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. In working for a marina that his owed moorage, the RCW requires that letters be sent to both the legal and registered ower. I will only be using the information related to a legal matter.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

> William D. DeVoe PRINT or TYPE Name

December 28, 2017

Date and place (county) signed

Signature of business or organization representative

### Authorities:



### Idaho State Bar Member - 2017

Idaho State Bar Number: 9650

### William D. De Voe

This is to certify that the above individual complied with the 2017 Active licensing requirements. Information on the individual's current status is available from the Idaho State Bar. PO Box 895, Boise, ID 83701 • (208) 334-4500 • licensing@isb.idaho.gov

### ALASKA BAR ASSOCIATION

William D. DeVoe Active Member 2017 Membership # 9101001

Signature

840 K Street, Suite 100 Anchorage, AK 99501

907-272-7469 www.alaskabar.org



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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here \_

13a

| Company/Agency name<br>Seattle Credit Union dba Seattle Metropolitan Credit Union |                                |             |                               |          | Website www.smcu.com |      |  |
|---|--------------------------------|-------------|-------------------------------|----------|----------------------|------|--|
| Contact name. Primary applicant and cor<br>Elisabeth Hayes                        | ntract manager                 | , ,         | ) Telephone number<br>98-5531 |          | Email (require       | ,    | yes@seattlecu.com                          |
| Contact name 2 (if applicable)  |                                | (Area code) | Telephone number              |          | Email (require       | ed)  |  |
| Lee Pierce 206-398-5500   |                                |             |                               |          | lee.pie              | rce@ | seattlecu.com                              |
| Physical address of business (number and street) 1521 1st Ave S, Ste 500          |                                |             |                               |          |                      |      |  |
| Seattle Seattle   |                                |             |                               | State    | WA                   |      | ZIP code 98134                             |
| Mailing address of business (if different)  |                                |             |                               |          |                      |      |  |
| City  |                                |             |                               | State    |                      |      | ZIP code                                   |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number | er (TIN)    | Employer Identific            | ation Nu | umber (EIN)          |      | nified Business Identifier (UBI) 0 576 589 |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

As a Credit Union in Washington State we grant collateralized loans to our members which includes titled vehicles, boats, and RV's. We require access to vehicle and vessel records in order to review current lien holder and registered owner information for the purposes of transacting on that collateral and adding/removing registered and legal owners of the collateral.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will only contact the owner in the context of them initiating a loan application/transaction with Seattle Credit Union and for the purposes of perfecting the lien as requested by the registered owner/owners. No record information will be provided to any 3rd party outside of the Credit Union.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Elisabeth Hayes

PRINT OF TYPE Name

X

Date and place (county) signed

### Authorities:

### Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)



Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years
  from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name   | Contact name |     |                              | Email                        | (Area code) Phone number |  |
|---|---|--------------|-----|------------------------------|------------------------------|--------------------------|--|
|   | Address, City, State, Zip code  |              |     |                              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?        | tion to      | Yes | ☐ No                         |                              |                          |  |
| 2 | Legal business name   | Contact name |     |                              | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              |     |                              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informa an attorney or private investigator?        | tion to      | Yes | □ No                         |                              |                          |  |
| 3 | Legal business name   | Contact name |     |                              | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              |     |                              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide information to an attorney or private investigator? |              |     |                              |                              |                          |  |
| 4 | Legal business name   | Contact name |     |                              | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              |     |                              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide information an attorney or private investigator?    | tion to      | Yes | □ No                         |                              |                          |  |
| 5 | Legal business name   | Contact name |     |                              | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              |     | Subscriber's permissible use |                              |                          |  |
|   | Does the subscriber provide information an attorney or private investigator?    | tion to      | Yes | □ No                         |                              |                          |  |
| 6 | Legal business name   | Contact name |     |                              | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              |     |                              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide information to an attorney or private investigator? |              |     |                              |                              |                          |  |
| 7 | Legal business name   | Contact name |     |                              | Email                        | (Area code) Phone number |  |
|   | Address, City, State, Zip code  |              |     |                              | Subscriber's permissible use |                          |  |
|   | Does the subscriber provide informal an attorney or private investigator?       | tion to      | Yes | □ No                         |                              |                          |  |

**Use additional copies of this page**, **if needed**. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

From: Nanette Edgett-Janssen

To: <u>DOL DRI VES ASD Contracted Plate Search</u>
Subject: Vehicle/Vessel Online Access Application
Date: Thursday, December 28, 2017 12:46:46 PM

**Attachments:** <u>20171228124725134.pdf</u>

Attached is our application to renew our online access for vehicle/vessel lookups. Please let me know if there is anything else we need to complete.

### Sincerely,

Nanette Edgett-Janssen Operations Supervisor Progressions Credit Union Direct: (509) 444-0473

Toll Free: (800) 828-8691 ext 233





Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

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If you currently have a CPS number, enter it here

| Company/Agency name UNIVERSAL PARKING SERVICES LLC                         | Website<br>WWW.pa           | Website<br>www.parkuniversal.com |                                       |  |
|--|-----------------------------|----------------------------------|---------------------------------------|--|
| Contact name. Primary applicant and contract manager DIMITRIOS MOUSTAKAS   |                             |                                  | <sup>uired)</sup><br>arkuniversal.com |  |
| Contact name 2 (if applicable) (Area code) Telephone number                |                             | er Email (requ                   | Email (required)                      |  |
| Physical address of business (number and street) 1136 NW HOYT ST SUITE 200 |                             | I                                |                                       |  |
| City<br>PORTLAND   |                             | State<br>OR                      | ZIP code<br>97209                     |  |
| Mailing address of business (if different) PO BOX 4634                     |                             |                                  |                                       |  |
| City<br>PORTLAND   |                             | State<br>OR                      | ZIP code<br>97208                     |  |
| Provide one of these identifiers  Appears the following                    | mber (TIN) Employer Identif | ication Number (EIN)             | WA Unified Business Identifier (UBI)  |  |

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Parking management operations. Parking enforcement in compliance with Portland City Code 7.25. To verify vehicle owners.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. The vehicle owner will be contacted by first class mail for invoicing purposes, in compliance with Portland City Code 7.25.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DIMITRIOS MOUSTAKAS

PRINT or TYPE-No

02-15-2018 Multnomah, Oregon

Date and place (county) signed

Signature of business or organization representative

#### Authorities:

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|---|--|--------------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |
| 2 | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |
| 3 | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use | ·                        |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |
| 4 | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |
| 5 | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |
| 6 | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |
| 7 | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      |                              |                          |



### **Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

#### **Fees**

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

| 1 Method of access you are requesting  |                    |                            |                                       |  |  |  |
|--|--------------------|----------------------------|---------------------------------------|--|--|--|
| IVIPS (Individual record inquiries)  |                    | mber, if applicable        | 13a                                   |  |  |  |
| ☐ Bulk vehicle/vessel records (Batch process) Frequency (check one): ☐ One time ☐ Periodic ☐ Regular |                    |                            |                                       |  |  |  |
| PRINT or TYPE Company/Agency name  |                    |                            |                                       |  |  |  |
| Pacific Coast Attorney Services  |                    |                            |                                       |  |  |  |
| Contract contact/manager (IVIPS and Bulk records a   | accounts)          | Signing Authority name (Bo | ulk records accounts only)            |  |  |  |
| Chris Ulin   |                    |                            |                                       |  |  |  |
| (Area code) Phone number Email (required for IVII  |                    | (Area code) Phone number   | Email (required for Bulk records)     |  |  |  |
| (206) 652-2692   chrispcas@gma   |                    |                            |                                       |  |  |  |
| Physical address of business (Number and street, City,   |                    |                            |                                       |  |  |  |
| 15215 52nd Ave S, Ste 202, Tukwi Mailing address of business, if different (Address or PO            | Ia, WA 98188       |                            |                                       |  |  |  |
|  |                    |                            |                                       |  |  |  |
| 15215 52nd Ave S, Ste 202, Tukwi   |                    | dentification Number (EIN) | WA Unified Business Identifier (UBI)  |  |  |  |
| Provide one of Taxpayer Identification Number these identifiers:                                     | fr (TIN)           |                            | 603351425                             |  |  |  |
| 2 Provide a detailed explanation of your primary busin   |                    |                            | 000001420                             |  |  |  |
|  |                    |                            |                                       |  |  |  |
| Service of Process, Court Filing, Co   | ourt Records Searc | th, Foreclosure Sale       | s Rep, Messenger Service, Skip        |  |  |  |
| Trace.   |                    |                            |                                       |  |  |  |
|  |                    |                            |                                       |  |  |  |
|  |                    |                            |                                       |  |  |  |
| 3 Check all that apply to you and/or your business   |                    |                            |                                       |  |  |  |
| ☐ Attorney   | ☐ Lien service     |                            | ☐ Service bureau for another business |  |  |  |
| Auction  | ☐ Marina           |                            | Provide business name:                |  |  |  |
| Auto manufacturer or agent   | ☐ Neighborhood b   | lock watch                 |                                       |  |  |  |
| ☐ Bail bonds   | ☐ Newspaper or n   | nedia                      | ☐ Storage facility                    |  |  |  |
| ☐ Bank or financing firm   | ☐ Non-profit orgar | nization                   | ☐ Title/Escrow                        |  |  |  |
| ☐ Business   | Parking enforce    | ment                       | ☐ Toll facility                       |  |  |  |
| Commercial parking company   | Private investiga  | ator                       | ☐ Towing company                      |  |  |  |
| ☐ Credit union   | Process server     |                            | ☐ Transporter                         |  |  |  |
| ☐ Data broker/Reseller   | Property mgmt.     |                            | Union (non-profit)                    |  |  |  |
| Debt recovery/Collection   | Property mgmt.     |                            | ☐ Vehicle/Vessel dealer               |  |  |  |
| Employer/Prospective employer  | Repossession s     | service                    | ☐ I represent a business that will    |  |  |  |
| Government   | ☐ Retail/Store     |                            | provide information to another party  |  |  |  |
| Guardianship/Trustee service   | ☐ School - Private | 1                          | Provide business names:               |  |  |  |
| Homeowner association  | ☐ School - Public  | 1                          |                                       |  |  |  |
| ☐ Hospital   | ☐ Scrap processo   |                            | ☐ Other (explain)                     |  |  |  |
| Hulk hauler  |                    | es - Government            | -                                     |  |  |  |
| Insurance company/agent  | ☐ Security service | s - Private                | - <u></u>                             |  |  |  |

| Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.             |
|---|
| In order to verify a party's address for purpose of legal service   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5 Redisclosure and/or selling of information  |
| Will you sell or provide the information to anyone else?  |
| If no, skip to Section 6.   |
| If yes, who will you provide or sell the information?   |
|   |
| Law firms, collection companies, and state agencies   |
|   |
|   |
|   |
|   |
| The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure             |
| recipients are entitled to personal information under these laws?   |
|   |
| The address or information is only supplied to attorney/collection firms for which we are attempting to serve legal process |
| legal process   |
|   |
|   |
| How will you provide the information to recipients? Explain.  |
|   |
| The address may end up on the proof of service that would be filed with the courts  |
|   |
|   |
|   |
| 6 Owner contact   |
| Will you contact the vehicle/vessel owner?  |
| Unsolicited business contact for commercial purposes is strictly prohibited.  |
| If yes, why will you contact the owner and how will you contact them?   |
| Contact would be made in person to serve legal papers. If it is the party (defendant) in the case, we may                   |
| end up serving them with legal papers.  |
|   |
|   |
|   |
| 7 Answer the following  |
| Do you agree not to sell or provide the information to any third party that has not been disclosed                          |
| as part of this application?  |
| Do you agree not to use the information for any purpose other than reasons stated on this                                   |
| application?  |
| 3. Do you agree not to use, or facilitate the use of, the information for the purpose of making                             |
| unsolicited business contact, or promoting the sale of any goods or services?   |

| 8 Check all that apply  |  |
|---|--|
| ☐ I represent a government agency. Agend  | cy name:   |
|   | will only be used in an official capacity and solely cy? ☐ Yes ☐ No  |
| <ul> <li>I represent a Washington State business</li> <li>your current business license</li> <li>any/all professional licenses that you po</li> </ul>   |  |
| <ul> <li>☐ I represent a business outside Washing</li> <li>Washington, attach a legible copy of either</li> <li>your current business license</li> <li>a letter with a signature of the owner or</li> </ul> | ton State. If your business is not required to be licensed in the state of   |
| <ul> <li>I am a process server. Attach legible copie</li> <li>your current business license</li> <li>any/all professional licenses that you poes</li> <li>registration for county jurisdictions</li> </ul>  |  |
|   | ving:<br>ith the Secretary of State  |
| _   | ch a legible copy of your current business license.  |
| <ul> <li>I am an attorney.* Attach legible copies of</li> <li>your current business license</li> <li>your current bar card</li> </ul>   | f:   |
| <ul> <li>I am a private investigator.* Attach legible</li> <li>your current Private Investigator license</li> <li>your current business license</li> </ul>  |  |
| *Whenever an attorney or private investigator to the vehicle owner. RCW 46.12.635   | r accesses a vehicle record in IVIPS, we will send a notification letter   |
|   | aling a material fact required in this request or making false<br>ition from an individual's motor vehicle record is subject to federal<br>640 |
| By signing or typing your name, you are certifying the foregoing is true and correct.   | g under penalty of perjury under the laws of the state of Washington that  |
|   | President<br>Title   |
| 1/19/2018 & King County   | X Chris Ulin   |
| Date and place (county) signed  | Signature  |
| Federal Driver Privacy Protection Act (DPPA) 18   | U.S.C. §2721 through §2725   |

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <a href="https://fortress.wa.gov/dol/ivipsprod/">https://fortress.wa.gov/dol/ivipsprod/</a>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|   | Legal business name  | Contact name                 | Email                          | Telephone # |
|---|--|------------------------------|--------------------------------|-------------|
| 1 | Address, City, State, ZIP code   | Subscriber's permissible use |                                |             |
|   | Does the subscriber provide information                                      |                              |                                |             |
|   | an attorney or private investigator?   |                              |                                |             |
|   | Legal business name  | Contact name                 | Email                          | Telephone # |
|   | Address City Otate 71D and   |                              | Cub and bada an aminath la una |             |
| 2 | Address, City, State, ZIP code   |                              | Subscriber's permissible use   |             |
|   | Does the subscriber provide information                                      | to                           | -                              |             |
|   | an attorney or private investigator?   | 🗆 Yes 🗆 No                   |                                |             |
|   | Legal business name  | Contact name                 | Email                          | Telephone # |
|   |  |                              |                                |             |
| 3 | Address, City, State, ZIP code   |                              | Subscriber's permissible use   |             |
|   | Door the authoriber provide information                                      | to                           | -                              |             |
|   | Does the subscriber provide information an attorney or private investigator? | □ Yes □ No                   |                                |             |
|   | Legal business name  | Contact name                 | Email                          | Telephone # |
|   |  |                              |                                |             |
| 4 | Address, City, State, ZIP code   | Subscriber's permissible use |                                |             |
| 7 |  |                              |                                |             |
|   | Does the subscriber provide information                                      |                              |                                |             |
|   | an attorney or private investigator? Legal business name                     | Contact name                 | Email                          | Telephone # |
|   | Legal publiess fiame   | Contact hame                 | Eman                           | lelephone # |
| _ | Address, City, State, ZIP code   |                              | Subscriber's permissible use   | 1           |
| 5 |  |                              |                                |             |
|   | Does the subscriber provide information                                      | to                           |                                |             |
|   | an attorney or private investigator?   |                              | Foreit                         | Talanhana # |
|   | Legal business name  | Contact name                 | Email                          | Telephone # |
|   | Address, City, State, ZIP code   |                              | Subscriber's permissible use   |             |
| 6 |  |                              | ·                              |             |
|   | Does the subscriber provide information                                      | to                           |                                |             |
|   | an attorney or private investigator?   |                              |                                | I = -       |
|   | Legal business name  | Contact name                 | Email                          | Telephone # |
|   | Address, City, State, ZIP code   |                              | Subscriber's permissible use   |             |
| 7 | radices, ony, orate, an orde   |                              | Capacinei a permissible use    |             |
|   | Does the subscriber provide information                                      | to                           | -                              |             |
|   | an attorney or private investigator?   |                              |                                |             |



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

Fax

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| If you currently have a CPS no   | umber, enter it here _       | 13a        |                               |          | _           |      |  |
|--|------------------------------|------------|-------------------------------|----------|-------------|------|--|
| Company/Agency name  |                              |            |                               |          | Website     |      |  |
| Farmers Ins  | surance                      |            |                               |          |             |      |  |
| Contact name. Primary applicant and cor  | ntract manager               |            | ) Telephone number            |          | com.        |      | Ida. Swopes @                                    |
| Linda Swopes   | >                            | 20375      | 365-607                       | 0        | Fair        | nea  | sinsurunce, co m                                 |
| Contact name 2 (if applicable)   |                              | (Area code | ) Telephone number<br>みしちへしりろ | r        |             |      | ara. Glazieræ                                    |
| Dara Glazier   |                              | 202        | 51 2000 d                     | 1        | farn        | ners | Insurance born                                   |
| Physical address of business (number and 11112 NE 51   | steel)<br>StCircle           |            |                               |          |             |      |  |
| OHY Vancouver  | 3                            |            |                               | State    | (A          |      | ZIP code<br>98682                                |
| Mailing address of business (if different)   | eenburg. F                   | ₹d. <      | suite                         | 90       | 0           |      |  |
| on Portland  | Ĵ                            |            |                               | State    | R           |      | ZIP code<br>97233                                |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Numb | ber (TIN)  | Employer Identili             | cation N | umber (EIN) |      | Indiced Business Identifier (UBI) 09 (1) 2 2 3 3 |
| Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).  We are a property casualty Insurance Company.  We process Unims for automobile accidents.  |                              |            |                               |          |             |      |  |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Yes we would contact the owner to discuss feas, ownership and claim settlements. We also contact owners when the rehicle has allegedly been sold and there is no sellers report on File. |                              |            |                               |          |             |      |  |

#### Each data broker or reseller must:

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- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

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In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1        | Legal business name Formers Insurum   | Contact name | SUCCES   | Email linda, swopes<br>Defarmers invalled                         | (Area code) Phone number   |
|----------|---|--------------|--|---|--|
|          | Address, City, State, Zip code  | W million    | <del>2004</del>  | Subscriber's permissible use                                      | 7  |
|          | 10200 SW Greenby  | ry Rd. B     | W DR 97223   | Information is vi   | sed in the   |
|          |   | 4            |  | processions a & Tr  | is. claims   |
|          | Does the subscriber provide informa<br>an attorney or private investigator? | ttion to     | ☐ Yes 💢 No   | investigation.  |  |
| _        | Legal business name   | Contact name | /  | Email Mary-even 5000  | (Area code) Phone number   |
| 2        | Farmers Iru.  | Mary.        | Evenson  | farmersinsurance com  | 360-619-2004   |
|          | Address, City, State, Zip code  |              | vene.  | Subscriber's permissible use Information 15 W                     | sed in the   |
|          | 11112 NE 517 C  | irde !       | WA 98689   | processing Of En  | s. Llaims  |
|          | Does the subscriber provide informa   | ation to     | — t  | invotication.   |  |
|          | an attorney or private investigator?  |              | ☐ Yes D, No  |   |  |
| 3        | Legal business name   | Contact name | \ i  | Email Matthewar laerson   |  |
| 3        | tarners Ins   | Matt A       | Idenson  | Ofurnersinsurance.cum   |  |
|          | Address, City, State, Zip code  |              | / wn L.  | Subscriber's permissible use                                      | serd in the  |
|          | 111112 NE 5134 C  | 1 celo       | WA 90687   | processing of I   | as chelance  |
|          | Does the subscriber provide informa   | ition to     |  | 151000321118  | 113. Ovec101/3   |
|          | an attorney or private investigator?  |              | Yes 🕅 No   | investigation.  |  |
| 4        | Legal business name   | Contact name |  | Email Meliss & . Olehowy  |  |
|          | tormers Ins.  | Melisso      | (alchowy)  | Oferward in luxuria. com  | 11360-514-9411   |
|          | Address, City, State, Zip code  | · Va         | Mc, WA   | Subscriber's permissible use                                      | 1162 10 464  |
|          | IVIVIO NE SI ST Cir   | rde 9        | 0683   | Information 15  | nceo in the  |
|          | Does the subscriber provide informa   |              |  | processing of Ens   | -CIMINIS   |
|          | an attorney or private investigator?  |              | ☐ Yes 🏻 No   | investigation.  |  |
| 5        | Legal business name   | Contact name | Service Control of the Control of th | Email quenna. 5 randon  | 1 '  |
| J        | tarmers Ins.  | Fruenno      | Brandon  | afarmers insurcence con   | 1360-514-9406  |
|          | Address, City, State, Zip code  | , V          | anc.WA   | Subscriber's permissible use                                      | salf at Las  |
|          | IVIII2 NE 517G  |              | 12682  | Subscriber's permissible use  Trifo-mation 15 U  Processing OF In | = (1/4)/20/  |
|          | Does the subscriber provide informa   | ation to     |  |   | 15.00011125  |
|          | an attorney or private investigator?  |              | Yes No   | Investigation.  |  |
| 6        | Legal business name   | Contact name |  | Email Mark. Mcconnel  |  |
| •        | Frumers Ins.  | Marks        | 11c(annell   | Grarmesins wrange 151   | <u> 1984   </u> |
|          | Address, City, State, Zip code  |              | UNL WA   | Subscriber's permissible use Information 15                       | usedinthe  |
|          | IVIVIA DE SITTOIR   | de o         | 19687  | processing of Ir  | is claims  |
|          | Does the subscriber provide informa   |              |  |   | 137 (401.11.3  |
|          | an attorney or private investigator?  |              | ☐ Yes 🏻 Ņo   | investigation.  |  |
| 7        | Legal business name   | Contact name | ~ .  | Email and rew pedersen  | (Area code) Phone number   |
| <i>'</i> | formers Ins.  |              | v ledersen   | Oformers insurance con  | 360-514-9427   |
|          | Address, City, State, Zip code  | , Va         | nc-WA  | Subscriber's permissible use                                      | insodin the  |
|          | ITHIS NE SISTON   | rele '       | 98682  | Subscriber's permissible use                                      | or alalas  |
|          | Does the subscriber provide informa   | ation to     | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | processing of I   | 13 014113  |
|          | an attorney or private investigator?  |              | ☐ Yes 🛱 No   | investigation.  |  |
|          |   |              | ······································   |   |  |

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- · Record all subscribers
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| اسو | t and builting  | Caulant      |         |   | Email Michael-Mccoy  | (Area code) Phone number   |
|-----|---|--------------|---------|---|--|----------------------------|
| 7   | Legal business name   | Contact name | NA - 1  | · ~                                     | Email: 11  | (Area code) Priorie number |
|     | Parmers Ins.  | Michael      | T 1.1C( | <u>~0 Y</u>                             | Brarmers in Surance, col   | DOPO DIA 142F              |
|     | Address, City, State, Zip code  | , Var        | C. W    | )A'                                     | Email Michael. MECOY  Ofarmers in Surank. Chi  Subscriber's permissible use  Enformation is u  Processing of E | ed in the                  |
|     | Illia ne 51st cin   | de 98        | 682     |   | Intornation 13 00  | ne clainse                 |
|     | Does the subscriber provide information                                     |              |         |   | hus cossing of T   | 113. UNITED                |
|     | an attorney or private investigator?  | uon to       | Yes     | D No                                    | investigation.   |                            |
|     | Legal business name   | Contact name |         | <u> </u>                                | Email  | (Area code) Phone number   |
| 2   |   | 20           |         |   |  |                            |
|     | Address City State 715 and  |              |         |   | Subscriber's permissible use   |                            |
|     | Address, City, State, Zip code  |              |         |   | odoscriber a benuissible rise  |                            |
|     |   |              |         | *************************************** | -  | •                          |
|     | Does the subscriber provide informa   | tion to      |         |   |  |                            |
|     | an attorney or private investigator?  |              | L Yes   | ∐ No                                    |  |                            |
| 3   | Legal business name   | Contact name |         |   | Email  | (Area code) Phone number   |
| ď   |   |              |         |   |  |                            |
|     | Address, City, State, Zip code  |              |         |   | Subscriber's permissible use   |                            |
|     |   |              |         |   |  |                            |
|     | Bandha astrony  | 11 1 -       |         |   | 1  |                            |
|     | Does the subscriber provide informa<br>an attorney or private investigator? | tion to      | □ vaa   | □ No                                    |  |                            |
|     | ,                                     | Contact :::: | — res   |   | Email  | (Area anda) Phone must     |
| 4   | Legal business name   | Contact name |         |   | Email  | (Area code) Phone number   |
|     |   |              |         |   |  |                            |
|     | Address, City, State, Zip code  |              |         |   | Subscriber's permissible use   |                            |
|     |   |              |         |   |  |                            |
|     | Does the subscriber provide informa   | tion to      |         |   |  |                            |
|     | an attorney or private investigator?  |              | Yes     | ∐ No                                    |  |                            |
|     | Legal business name   | Contact name |         |   | Email  | (Area code) Phone number   |
| 5   | _   |              |         |   |  |                            |
|     | Address, City, State, Zip code  | <u> </u>     |         |   | Subscriber's permissible use   |                            |
|     | ,,,,  |              |         |   | 1  |                            |
|     |   |              |         |   | -  |                            |
|     | Does the subscriber provide informa   | tion to      | $\Box$  | П.,,                                    |  |                            |
|     | an attorney or private investigator?  | 7            | LJ Yes  | ∐ No                                    |  | 1.4                        |
| 6   | Legal business name   | Contact name |         |   | Email  | (Area code) Phone number   |
|     |   |              |         |   |  |                            |
|     | Address, City, State, Zlp code  |              |         |   | Subscriber's permissible use   |                            |
|     |   |              |         |   |  |                            |
|     | Does the subscriber provide informa   | tion to      |         |   |  | •                          |
|     | an attorney or private investigator?  |              | Yes     | ☐ No                                    |  |                            |
|     | Legal business name   | Contact name |         |   | Email  | (Area code) Phone number   |
| 7   | <u> </u>  |              |         |   |  |                            |
|     | Address, City, State, Zip code  | <u> </u>     |         |   | Subscriber's permissible use   |                            |
|     | Address, Oity, State, Zip code  |              |         |   | Caponina e bermagina des   |                            |
|     |   |              |         |   | 4  |                            |
|     | Does the subscriber provide informa   | ition to     |         | <b></b>                                 |  |                            |
|     | an attorney or private investigator?  |              | Ll Yes  | L No                                    |  |                            |

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
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- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

#### Authorities:

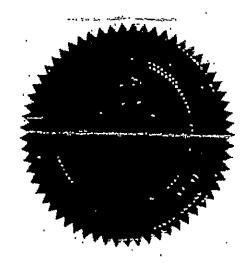
# Certificate of Authority

## INSURANCE COMMISSIONER OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

| FARI  | MERS INSURANCE COMPANY OF WASHINGTON   |
|---|--|
| of SEATTLE, WASHIN  | NGTON, organized under the   |
| laws of WASHINGTON  |  |
|   | , having presented satisfactory evidence   |
| of compliance, this Certificat                                    | e of Authority is hereby granted, authorizing the company to                         |
| transact the following classes                                    |  |
|   | DISABILITY PROPERTY MARINE & TRANSPORTATION GENERAL CASUALTY SURETY                  |
| subject to all provisions of this<br>in the Insurance Laws of the | Certificate as such classes are now or may hereafter be defined State of Washington. |

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Washington as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.



| IN WITNESS WHEREOF, effective as of the 28TH day           |
|--|
| of JULY , 19.70, I have hereunto set my hand               |
| and caused my official seal to be affixed this 28TH day of |
| JULY , 19 70   |

Insurance Commissioner

| By | و حمل وجست 20 مرسند و و دو دو و و مسلسل وجوما خرد فقط و و وجوما خذ |
|----|--|
|    | Chief Denutu   |



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

| Company/Agency name Wilsonville Nissan  |  |  |   |  |  |
|---|--|--|---|--|--|
|   |  |  | e) Telephone number<br>18-6213  | Email (require cgelling(                   | ed)<br>@tonkin.com   |
|   |  |  | e) Telephone number<br>51-5124  | Email (require<br>tburdick(                | ed)<br>@tonkin.com   |
| Physical address of business (no<br>26700 SW 95th   | umber and street)  |  |   |  |  |
| City<br>Wilsonville   |  |  |   | ate<br>)R                                  | ZIP code<br>97070  |
| Mailing address of business (if d   | ifferent)  |  |   |  |  |
| City  |  |  | SI  | ate  | ZIP code   |
| Provide one of Taxpayer Identification Number (TIN)   |  |  |   |  |  |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification I  | Number (TIN)   | Employer Identification   | n Number (EIN)                             | WA Unified Business Identifier (UBI)                           |
| these identifiers   | lanation of your primary   |  | 6d  |  | wa Unified Business Identifier (UBI) ss or agency does and how |
| these identifiers<br>Answerthe following<br>Provide a detailed exp<br>you will use the vehicle  | lanation of your primary and vessel records).  | business act   | 6d<br>tivity (exactly wha   | t your busine                              |  |
| these identifiers  Answer the following  Provide a detailed exp  you will use the vehicle  iVips account will be                                  | lanation of your primary and vessel records).  | business act   | 6d<br>tivity (exactly wha   | t your busine                              | ss or agency does and how                                      |
| these identifiers  Answer the following  Provide a detailed exp you will use the vehicle iVips account will be titles.                            | lanation of your primary<br>e and vessel records).<br>used to titling and regist   | business act   | tivity (exactly what ses and to run inq   | t your busine<br>uiries on trad            | ss or agency does and how<br>ed vehicles for duplicate         |
| these identifiers  Answer the following  Provide a detailed exp you will use the vehicle iVips account will be titles.  Will you contact the over | lanation of your primary and vessel records).  used to titling and regist  wher for any purpose, proother persons or busines | business act<br>tration purport<br>ovide the reg<br>sses? Use th | tivity (exactly what ses and to run inquistration record in its space to describe | t your busine uiries on trad  formation to | ss or agency does and how<br>ed vehicles for duplicate         |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

## Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Burdick
PRINT-orTYPE Name

12/14/17 Clackamas County Oregon

Date and place (county) signed

X
Signature of business or organization representative

#### Authorities:



## **BUSINESS LICENSE**

City of Wilsonville

29799 SW Town Center Loop E Wilsonville, OR 97070 Phone: 503.570.1586

Location:

TONKIN WILSONVILLE NISSAN

26700 SW 95TH AVE

WILSONVILLE, OR 97070-9206

License #: 00157779

Expiration Date: 06/30/2018

Business Type: Motor Vehicle Dealers

Mail:

GEE AUTOMOTIVE IX, LLC 4560 SE INTERNATIONAL WAY

209

MILWAUKIE, OR 97222

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

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Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

**Fax** (360) 570-7895

Do not use this form for personal or individual record requests.

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| If you currently have a CPS n  | umber, enter it here         | 13a         |                    |  | _              |         |                                   |
|--|------------------------------|-------------|--------------------|--|----------------|---------|-----------------------------------|
| Company/Agency name  |                              |             |                    |  | Website        |         |                                   |
| Contact name. Primary applicant and contract manager (Area code) Telephone number  |                              |             |                    |  | Email (require | ed)     |                                   |
| Contact name 2 (if applicable)   |                              | (Area code) | Telephone number   |  | Email (require | ed)     |                                   |
| Physical address of business (number at  | nd street)                   |             |                    |  |                |         |                                   |
| City   |                              |             |                    | State  |                |         | ZIP code                          |
| Mailing address of business (if different)   |                              |             |                    |  |                |         |                                   |
| City   |                              |             |                    | State  |                |         | ZIP code                          |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Numb | oer (TIN)   | Employer Identific | fication Number (EIN) WA Unified Business Identifier |                |         | Inified Business Identifier (UBI) |
| Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). |                              |             |                    |  |                |         |                                   |
| Will you contact the owner for investigator, or to any other produced disclose the information or s  | persons or businesses        | ? Use this  | s space to des     | scribe   | how you w      | vill co | ntact the owner or                |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

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- Business outside Washington State Attach a legible copy of one of the following:
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     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

|   | PRINT or TYPE Name |
|---|--------------------|
|   | X                  |
| Date and place (county) signed Signature of business or organization representative |                    |

#### Authorities:

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|---|--|--------------|------------------------------|------------------------------|--------------------------|
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No                      |                              |                          |
| 2 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | s 🗌 No                       |                              |                          |
| 3 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use | ,                        |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No                      |                              |                          |
| 4 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No                      |                              |                          |
| 5 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es 🗌 No                      |                              |                          |
| 6 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              | Subscriber's permissible use |                              |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | s 🗆 No                       |                              |                          |
| 7 | Legal business name  | Contact name |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | es No                        | 1                            |                          |



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Olympia, WA 98507

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If you currently have a CPS number, enter it here

13a

| Company/Agency name Datalink Services, INC                         | Website<br>www.IN                    | Website www.IMVRS.com |                     |                                      |
|--|--------------------------------------|-----------------------|---------------------|--------------------------------------|
| Contact name. Primary applicant and cont Mark Haddy                | code) Telephone numbe<br>248-4886    |                       | red)<br>@imvrs.com  |                                      |
| Contact name 2 (if applicable)                                     | (Area                                | code) Telephone numbe | r Email (requi      | red)                                 |
| Physical address of business (number and 2081 Arena Blvd Suite 190 | street)                              |                       | L                   |                                      |
| City<br>Sacramento   |                                      |                       | State<br>CA         | ZIP code<br>95834                    |
| Mailing address of business (if different)<br>PO Box 340639        |                                      |                       |                     |                                      |
| City<br>Sacramento   |                                      |                       | State<br>CA         | ZIP code<br>95834                    |
| Provide <b>one</b> of these identifiers                            | Taxpayer Identification Number (TIN) | Employer Identifi     | cation Number (EIN) | WA Unified Business Identifier (UBI) |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Datalink Services, Inc provides driver's/vehicle records information to insurance/financial companies throughout the United States. We act as their agent for obtaining this information as it would be difficult for them to obtain access direct with the state and maintain that relationsi[ in a timely and efficient manner.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will sell the information to insurance companies, financial institutions, banks, lien sales and towing companies. Each of these organizations must be approved by our company and have a legitmate business use for this information. We do not have any attorneys or private investigators as end users for Washington vehicle data.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

|                                | Mark Haddy  |
|--------------------------------|---|
|                                | PRINT or TYPE Name                                  |
| 1/4/2018                       | x ///////////                                       |
| Date and place (county) signed | Signature of pushess or organization representative |

#### Authorities:

#### Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

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|   | Legal business name  | Contact name |       |                              | Email                        | (Area code) Phone number |
|---|--|--------------|-------|------------------------------|------------------------------|--------------------------|
| 1 | Please see attached.   |              |       |                              |                              |                          |
|   | Address, City, State, Zip code   | L            |       |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa                                      | tion to      |       |                              |                              |                          |
|   | an attorney or private investigator?                                     |              | ∐ Yes | ☐ No                         |                              |                          |
| 2 | Legal business name  | Contact name |       |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   | <u> </u>     |       |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes   | □ No                         |                              |                          |
| 3 | Legal business name  | Contact name |       |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   | <u> </u>     |       |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes   | □ No                         |                              |                          |
| 4 | Legal business name  | Contact name |       |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   | •            |       |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes   | □ No                         |                              |                          |
| 5 | Legal business name  | Contact name |       |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |       |                              | Subscriber's permissible use |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes   | □ No                         |                              |                          |
| 6 | Legal business name  | Contact name |       |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   | <del></del>  |       | Subscriber's permissible use |                              |                          |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes   | □ No                         |                              |                          |
| 7 | Legal business name  | Contact name |       |                              | Email                        | (Area code) Phone number |
|   | Address, City, State, Zip code   |              |       |                              | Subscriber's permissible use | L                        |
|   | Does the subscriber provide informa an attorney or private investigator? | tion to      | Yes   | □ No                         |                              |                          |



## **BUSINESS OPERATIONS TAX CERTIFICATE**

DATALINK SERVICES INC

**Business Address** 2081 ARENA BLVD 190 Owner

MARK HADDY

Type of Business

SACRAMENTO, CA 95834-0718

**Business Name** 

DATALINK SERVICES INC

MARK HADDY

PO BOX 340639

PUBLIC RECORDS RESEARCH

Tax Classification 401 FROM

Mo. Day Yr.

TO Mo. Day Yr.

96518

04/01/2017

03/31/2018

Expires

TOTAL PAID: \$3,475.65

CITY OF SACRAMENTO

VOID APR 10 MINOT **VALIDATED** 

PAID

THIS STUB MAY BE FOLDED/DETACHED **BEFORE POSTING** 

96518

This certificate is not to be construed as a business license or imply that the City of Sacramento has investigated, or approves or recommends, the holder of this certificate. Any representation to the contrary is fraudulent. (This certificate must be renewed within 30 days of expiration).



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mall
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

| Company/Agency name                                  |   |                              |             |                   | Website                 |                       |         |                                  |
|--|---|------------------------------|-------------|-------------------|-------------------------|-----------------------|---------|----------------------------------|
| Fuller Computing Services, LLC                       |   |                              |             |                   | sandra@sandrafuller.com |                       |         |                                  |
| Contact hame. Primary applicant and contract manager |   |                              |             | Telephone number  | 7                       | Email (require        |         |                                  |
| ŀ  | Sandra Fuller   |                              | 405-350     |                   |                         | fuller.s@             |         | et                               |
| l  | Contact name 2 (If applicable)  |                              | (Area code) | Telephone number  | •                       | Email (require        | d)      |                                  |
| ŀ  | <del></del>   | <del></del>                  | l           |                   |                         | L                     |         |                                  |
| Į  | Physical address of business (number ar 2105 Yellowstone Dr   | nd street)                   |             |                   |                         |                       |         |                                  |
| ŀ  | <del></del>   |                              |             |                   |                         |                       |         | ato .                            |
| Ì  | City<br>Yukon   |                              |             |                   | State<br>OK             |                       |         | ZIP code<br>73099                |
| Ì  |   |                              |             |                   | UK                      | ·                     |         | 73099                            |
| ١  | Mailing address of business (if different) Same   |                              |             |                   |                         |                       |         |                                  |
| ŀ  | City  |                              |             |                   | State                   |                       |         | ZIP code                         |
| l  | Ску   |                              |             |                   | Jiaie                   |                       |         | Z/F Code                         |
| ł  | Provide one of  | Taxpayer Identification Numb | er (TIN)    | Employer Identifi | L<br>cation N           | ation Number (EIN) WA |         | nified Business Identifier (UBI) |
| Ì  | these identifiers   |                              | (,          | 6d                |                         |                       |         |                                  |
| İ  | Answer the following  |                              |             | _                 |                         |                       |         |                                  |
| ١  | Provide a detailed explanation  | n of your primary bus        | iness activ | vity (exactly w   | vhat v                  | our busines           | sora    | agency does and how              |
| Į  | you will use the vehicle and  |                              |             | , (2              |                         |                       |         | ngono, Louis ana non             |
| I  | •   | •                            | 1 . 14      | ****              |                         | •                     |         |                                  |
| 1  | Notify owner and lien holde   |                              |             | ey will be so     | d Ior                   | cnarges aga           | ainst i | ne venicles.                     |
| ì  | Procedures are outlined in C  | ikianoma Statute 42-9        | IA.         |                   |                         |                       |         |                                  |
| ļ  |   |                              |             |                   |                         |                       |         |                                  |
| Į  |   |                              |             |                   |                         |                       |         |                                  |
| ı  |   |                              |             |                   |                         |                       |         |                                  |
| ]  | MOUNTED TO THE TOTAL PROPERTY OF  | v and numbers broaded        | a tha rasi  | tration resort    | d info                  | mation to c           |         | ar-ar ar ariteta                 |
| ١  | Will you contact the owner for any purpose, provide the registration record information to an attorney or private             |                              |             |                   |                         |                       |         |                                  |
| 1  | investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or             |                              |             |                   |                         |                       |         |                                  |
| Į  | disclose the information or state that you will not disclose it and will not contact the owner. This is required information. |                              |             |                   |                         |                       |         |                                  |
|  | The owner and any lien holder will be contacted by certified mail only and send a notice of the abandoned vehicle.            |                              |             |                   |                         |                       |         |                                  |
|  | This information is then turned into the Oklahoma Tax Commission for approval of the possessory lien foreclosure              |                              |             |                   |                         |                       |         |                                  |
|  | process.  |                              |             |                   |                         |                       |         |                                  |
| - 1  |   |                              |             |                   |                         |                       |         |                                  |

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

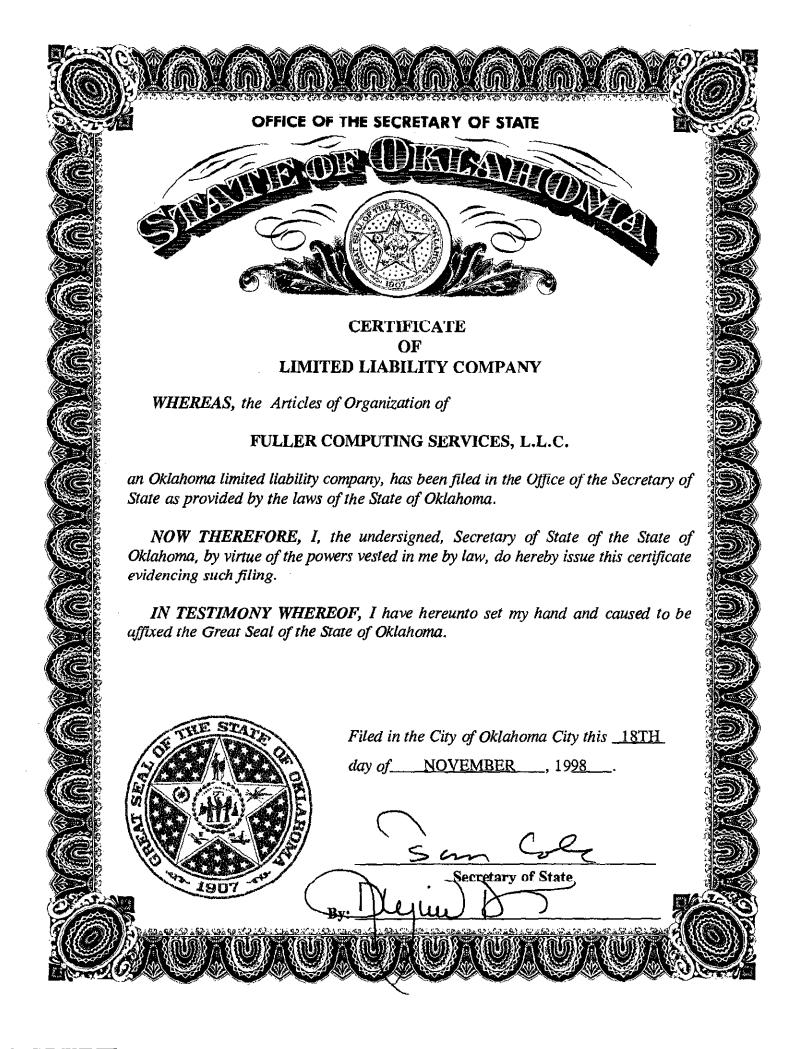
PRINT or TYPE Name

Date and place (county) signed

County

Signature of business or organization representative

Authorities:



## FULLER COMPUTING SERVICES, L.L.C.

Details

Filing Number: 3500613653
Name Type: Legal Name

Status:

In Existence

Corp type: Domestic Limited Liability Company

Jurisdiction: Oklahoma

Formation Date: 18 Nov 1998

Registered Agent Information

Name: DAVID P FULLER

Effective: N/A

Address: 2105 YELLOWSTONE DR

City, State, ZipCode: YUKON OK 73099



Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

If you currently have a CPS number, enter it here \_\_\_\_

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

**Fax** (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

13a

| Company/Agency name                        |                              |             |                    |          | Website        |       |                                  |
|--|------------------------------|-------------|--------------------|----------|----------------|-------|----------------------------------|
| National General Insurance                 |                              |             |                    |          | ngic.co        | m     |                                  |
| Contact name. Primary applicant and con    | ntract manager               | (Area code) | Telephone number   |          | Email (require | d)    |                                  |
| Tracie Hauser                              |                              | 336435      | 3741               |          | tracie.hau     | ser@ı | ngic.com                         |
| Contact name 2 (if applicable)             |                              | (Area code) | Telephone number   |          | Email (require | d)    |                                  |
| Chris Bujnak                               |                              | 336435      | 2979               |          | chris.bujr     | nak@  | ngic.com                         |
| Physical address of business (number ar    | nd street)                   |             |                    |          |                |       |                                  |
| 5630 University Pkwy                       |                              |             |                    |          |                |       |                                  |
| City                                       |                              |             |                    | State    |                |       | ZIP code                         |
| Winston-Salem                              |                              |             |                    |          | NC             |       | 27105                            |
| Mailing address of business (if different) |                              |             |                    |          |                |       |                                  |
| PO Box 1623                                |                              |             |                    |          |                |       |                                  |
| City                                       |                              |             |                    | State    |                |       | ZIP code                         |
| Winston-Salem                              |                              |             |                    |          | NC             |       | 27102                            |
| Provide one of                             | Taxpayer Identification Numb | er (TIN)    | Employer Identific | cation N | umber (EIN)    | WA U  | nified Business Identifier (UBI) |

these identifiers

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Information is used in the processing of insurance claims.

6d

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will contact the owner and provide the information to handle their insurance claim.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

#### Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
     Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Tracie Hauser
PRINT or TYPE Name

12/11/2017 Forsyth
Date and place (county) signed

X Tracis Hauser
Signature of business or organization representative

#### Authorities:

#### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

| 1     | Legal business name  | Contact name         | Email                                    | (Area code) Phone number              |  |
|-------|--|----------------------|--|---------------------------------------|--|
| •     | National General Insurance   | Kim Duggins          | kim.duggins@ngic.com                     | 336-435-8372                          |  |
|       | Address, City, State, Zip code   |                      | Subscriber's permissible use             |                                       |  |
|       | 5630 University Pkwy, Wins   | ton-Salem, NC 27105  | Information is used in the               | nrocessing of                         |  |
|       | Does the subscriber provide informat an attorney or private investigator?    | tion to              | insurance claims.                        | e processing or                       |  |
| 2     | Legal business name  | Contact name         | Email                                    | (Area code) Phone number              |  |
| _     | National General Insurance   | Jill Alverson        | jill.alverson@ngic.com                   | 336-435-2646                          |  |
|       | Address, City, State, Zip code   |                      | Subscriber's permissible use             |                                       |  |
|       | 5630 University Pkwy, Win  | ston-Salem, NC 27105 | Information is used in th                | e processing of                       |  |
|       | Does the subscriber provide informat<br>an attorney or private investigator? | tion to              | insurance claims.                        |                                       |  |
| 3     | Legal business name  | Contact name         | Email                                    | (Area code) Phone number              |  |
|       | National General Insurance   | Suzette Brown        | suzette.brown@ngic.com                   | 336-435-3897                          |  |
|       | Address, City, State, Zip code   |                      | Subscriber's permissible use             |                                       |  |
|       | 5630 University Pkwy, Winsto   | on-Salem, NC 27105   | Information is used in th                | e processing of                       |  |
|       | Does the subscriber provide informat<br>an attorney or private investigator? | ☐ Yes 🗵 No           | insurance claims.                        |                                       |  |
| 4     | Legal business name  | Contact name         | Email                                    | (Area code) Phone number              |  |
|       | National General Insurance   | Deborah Schwartz     | deborah.schwartz@ngic.com                | 909-941-5760                          |  |
|       | Address, City, State, Zip code   |                      | Subscriber's permissible use             |                                       |  |
|       | 5630 University Pkwy, Win  | ston-Salem, NC 27105 | Information is used in the processing of |                                       |  |
|       | Does the subscriber provide information                                      | tion to              | insurance claims.                        |                                       |  |
|       | an attorney or private investigator?   | Yes X No             |  |                                       |  |
| 5     | Legal business name  | Contact name         | Email                                    | (Area code) Phone number 336-435-5527 |  |
|       | National General Insurance   | Janet Jacobo         | janet.jacobo@ngic.com                    | 330-435-5521                          |  |
|       | Address, City, State, Zip code 5630 University Pkwy, Wir                     | acton Salom NC 27105 | Subscriber's permissible use             |                                       |  |
|       |  | <u> </u>             | Information is used in                   | the processing of                     |  |
|       | Does the subscriber provide informat an attorney or private investigator?    | tion to              | insurance claims.                        |                                       |  |
| <br>6 | Legal business name  | Contact name         | Email                                    | (Area code) Phone number              |  |
|       |  |                      |  |                                       |  |
|       | Address, City, State, Zip code   |                      | Subscriber's permissible use             |                                       |  |
|       |  |                      | _  |                                       |  |
|       | Does the subscriber provide information an attorney or private investigator? | tion to              |  |                                       |  |
|       | Legal business name  | Contact name         | Email                                    | (Area code) Phone number              |  |
| 7     | Legai business name  | Contact name         | Liliaii                                  | (Area code) Friorie fidilibei         |  |
|       | Address, City, State, Zip code   |                      | Subscriber's permissible use             |                                       |  |
|       | 555, 515, 51615, Elp 0000  |                      |  |                                       |  |
|       |  |                      |  |                                       |  |
|       | Does the subscriber provide information                                      | tion to              | _  |                                       |  |

## **Redaction Log**

| Reason     | Page (# of occurrences)       | Description  |
|------------|-------------------------------|--|
| Reason 13a | <del>-</del> ·                | RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities. |
|            | <b>119</b> (1) <b>122</b> (1) | and security test results to the extent that they identify specific  |

| Reason | 156 (1)<br>1599 (# of<br>965 urrences)   | Description  |
|--------|--|--|
|        | 164 (1)<br>170 (1)<br>176 (1)<br>180 (21)<br>184 (1)<br>186 (1)<br>190 (1)<br>193 (1)<br>206 (1)<br>209 (1)<br>212 (1)<br>215 (1)<br>235 (1)                                     |  |
| 6a     | 57 (2)<br>225 (2)<br>231 (2)<br>234 (2)  | RCW 42.56.230(5); RCW 9.35.005. Personal Information — Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation. |
|        | 11 (1)<br>15 (1)<br>20 (1)<br>24 (1)<br>29 (1)<br>33 (1)<br>37 (1)<br>41 (1)<br>44 (2)<br>55 (1)<br>58 (1)<br>61 (1)<br>64 (1)<br>68 (1)<br>76 (1)<br>81 (1)<br>89 (1)<br>93 (1) |  |

| Reason | 101 (1)<br>105 9e (# of<br>966 urrences)<br>113 (1)                       | Description   |
|--------|---|---|
| 6d     | 119 (1)<br>129 (1)<br>138 (1)<br>141 (1)<br>145 (1)<br>148 (1)            | RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of |
|        | 152 (1)<br>156 (1)<br>159 (1)<br>162 (1)<br>164 (1)<br>167 (1)            | any tax (Social Security Number) is protected from disclosure.  |
|        | 170 (1)<br>173 (1)<br>176 (1)<br>184 (1)<br>186 (2)<br>190 (1)            |   |
|        | 195 (1)<br>197 (1)<br>200 (1)<br>203 (1)<br>209 (1)<br>212 (1)<br>215 (1) |   |
|        | 220 (1)<br>223 (1)<br>226 (1)<br>229 (1)<br>232 (1)<br>235 (1)<br>241 (3) |   |

## **Redaction Log**

| Reason | Page (# of occurrences) | Description   |
|--------|-------------------------|---|
| 13a    | <b>246</b> (1)          | RCW 42.56.420(4). Security – Computer and                           |
|        | <b>249</b> (1)          | Telecommunications Networks. Information regarding the              |
|        | <b>253</b> (1)          | infrastructure and security of computer and telecommunications      |
|        | <b>256</b> (1)          | networks, consisting of security passwords, security access codes   |
|        | <b>260</b> (1)          | and programs, access codes for secure software applications,        |
|        | <b>268</b> (1)          | security and service recovery plans, security risk assessments,     |
|        | <b>271</b> (1)          | and security test results to the extent that they identify specific |
|        | <b>279</b> (1)          | system vulnerabilities.   |
| 6d     | <b>246</b> (1)          |   |
|        | <b>253</b> (1)          |   |
|        | <b>256</b> (1)          | RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW            |
|        | <b>265</b> (1)          | 42.56.070(1). Personal Information – Tax ID. Information required   |
|        | <b>268</b> (1)          | of any taxpayer in connection with the assessment or collection of  |
|        | <b>271</b> (1)          | any tax (Social Security Number) is protected from disclosure.      |
|        | <b>275</b> (1)          |   |
|        | <b>279</b> (1)          |   |